

## **BOARD OF COMMISSIONERS**

1 S. Main St., 9th Floor Mount Clemens, Michigan 48043 586-469-5125 FAX 586-469-5993 macombcountymi.gov/boardofcommissioners

## **FINANCE COMMITTEE**

## WEDNESDAY, APRIL 16, 2008

## **AGENDA**

| 1.   | Call to Order   |                          |
|------|---|--------------------------|
| 2.   | Pledge of Allegiance  |                          |
| 3.   | Adoption of Agenda, AS AMENDED, TO INCLUDE #10A, #11 (REVISITHREE ADDITIONAL TRAVEL REQUESTS  | ED), #13 AND             |
| 4.   | Approval of Minutes dated 1-23-08   | (previously distributed  |
| 5.   | Public Participation  |                          |
| 6.   | List of Bills as Prepared by the Finance Department   | (mailed)                 |
| 7.   | Report by Risk Manager on Blue Cross/Blue Shield of Michigan Administrative Service Fee Reduction   | (mailed)                 |
| 8.   | Presentation by Public Works on Phase II Stormwater Permit Upda   | te (mailed)              |
| 9.   | Appointment of Law Firm   | (mailed)                 |
| 10.  | Request by Director of Juvenile Justice Center for Use of Credit Card (mailed for Out of County Transporting of Youth                       |                          |
| 10a. | Approval of Lease Agreements:   |                          |
|      | <ul><li>a) Lakeshore Legal Aid</li><li>b) Legal Aid and Defender Association, Inc.</li></ul>  | (attached)<br>(attached) |
| 11.  | Authorize Publication of Articles of Incorporation of the County of M Zoological Authority (revised Articles of Incorporation are attached) | lacomb (mailed)          |

## MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman District 23 Chairman Dana Camphous-Peterson District 18 Vice-Chair

Leonard Haggerty District 21 Sergeant-At-Arms

Andrey Duzyj - District 1 Marvin E. Sauger - District 2 Phillip A. DiMaria - District 3 Jon M. Switalski - District 4 Susan L. Doherty - District 5 Joan Flynn - District 6 Sue Rocca - District 7 David Flynn - District 8 Robert Mijac - District 9 Philis DeSaele - District 10 Ed Szczepanski - District 11 Peter J. Lund - District 12 Don Brown - District 13 Brian Brdak - District 14 Keith Rengert - District 15

Carey Torrice - District 16 Ed Bruley - District 17 Paul Gieleghem - District 19 Kathy Tocco - District 20 Betty Slinde - District 22 Sarah Roberts - District 24 Kathy D. Vosburg - District 25 Leon Drolet - District 26

## FINANCE COMMITTEE AGENDA **APRIL 16, 2008**

PAGE 2

## 12. **Travel Requests:**

(mailed)

(attached)

- Community Services (two) a)
- Friend of the Court (one) b)
- c) Health (two)
- d) Information Technology (one)
- Martha T. Berry (one) e) f)
- (attached) MSU Extension (two) (three) (attached)
- Planning & Economic Development (one) g)
- Risk Management & Safety (two) h)
- i) Sheriff (four) (five)
- j) Sheriff (three) (County funds)

(back-up information for travel requests is on file in Board Office)

- 13. Adopt Resolution Commending Martin Kramer – Eagle Scout (offered by DeSaele)
- 14. **New Business**
- 15. **Public Participation**
- 16. Adjournment

| RESOLUTION NO.                   | FULL BOARD MEETING DATE:   |  |  |
|----------------------------------|--|--|--|
|                                  | AGENDA ITEM:   |  |  |
| MACOMB COUNTY, MICHIGAN          |  |  |  |
| RESOLUTION TO Finance Department | Approve List of Bills as Prepared and Provided under Separate Cover by the |  |  |
| INTRODUCED BY:                   | Betty Slinde, Chair, Finance Committee                                     |  |  |
|                                  |  |  |  |

COMMITTEE/MEETING DATE

Finance 4-16-08

## RECYCLABLE PAPER

| RESOLUTION NO  | FULL BOARD MEETING DATE:             |  |
|--|--------------------------------------|--|
| MACOMB COUNTY, MICHIGAN  RESOLUTION TO: Receive and File Blue Cross/Blue Shield of Michigan Administrative Service |                                      |  |
| Fee Reduction retroactive to January 1, 2  |                                      |  |
| INTRODUCED BY: Commissioner Be   | ity Slinde, Chair, Finance Committee |  |
| See Attached Memo  |                                      |  |
|  |                                      |  |
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|  |                                      |  |
| COMMITTEE/MEETING DATE:  |                                      |  |
| FINANCE  |                                      |  |
| 4-16-08  |                                      |  |



## RISK MANAGEMENT & SAFETY

1 S. Main St., 8th Floor Mount Clemens, Michigan 48043 586-469-6349 FAX 586-469-7902

John P. Anderson, Esq. Director

## **MEMORANDUM**

TO:

Betty Slinde, Chair

Finance Committee

FROM:

John P. Anderson, Esq.

Director, Risk Management & Safety

DATE:

April 8, 2008

SUBJECT: Blue Cross Blue Shield - Administrative Service Fee Reduction

In my continuing effort to find monetary savings for Macomb County, I have once again successfully re-negotiated our Administrative Services Contract with Blue Cross/Blue Shield of Michigan for the contractual year of 2008.

The rate Macomb County paid in 2007 was \$91.95 per contract per month. Retroactive to 1/1/08, the Blue Cross/Blue Shield Administrative Fee has been reduced to \$59.50 per contract per month, or a \$32.45 reduction. This equates to the following:

2800 contracts x \$32.45 = \$90,860 (reduction in fees per month)

 $$90,860 \times 12 \text{ months} = $1,090,320 \text{ (reduction for 2008 in Administrative Fees)}$ 

I will be working closely with our healthcare providers in finding additional cost-saving options. Additionally, I will be bringing forward other cost-saving initiatives for your review in May.

## MACOMB COUNTY BOARD OF COMMISSIONERS

## RECYCLABLE PAPER

| RESOLUTION NO.                 | FULL BOARD MEETING DATE:  |
|--------------------------------|---|
|                                | AGENDA ITEM:  |
| r                              | MACOMB COUNTY, MICHIGAN   |
| RESOLUTION TO receive and file | presentation by Public Works on Phase II Stormwater Permit Update |
| INTRODUCED BY: Betty Slinde, C | hair, Finance Committee   |

Public Works Office Macomb County

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Macomb County Public Works Office

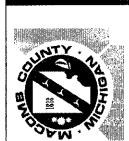


## Public Works Office Macomb County

## What is NPDES?

- > Authorized by the Clean Water Act of 1972
- pollutants into waters of the United States of Regulates point sources that discharge And C
- Environmental Quality Department



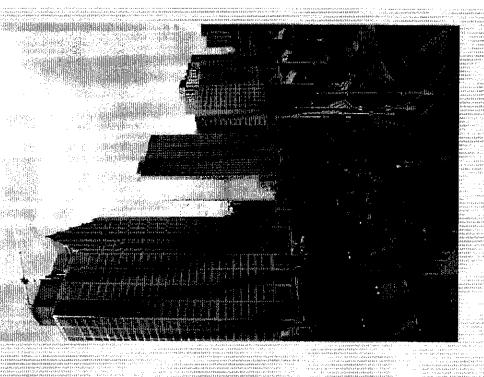




Public Works Office Macomb County

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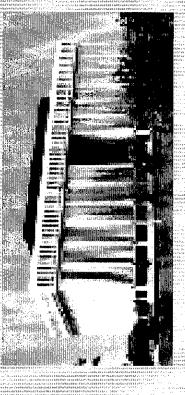




Macomb County Public Works Office

## Phase 2 Permit.

- nstitutions, hospital offsons, and others, that Reduired by counties, in the sacademic
- (1) operate a separated storm watersystem and (2) are located within the U.S. Census defined





Macomb County Public Works Office

## Macomb County Communities Required to Obtain a Phase 2 Permit:

Chesterfield Township 

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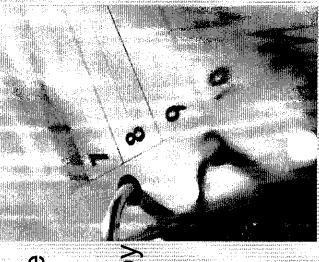


Macomb County
Public Works Office

# 

- **≫**Watershed-Based

- Macomb County as the County of the County of





Macomb County Public Works Office

# Macomb County is Nested Jurisdictions.

Anchor Bay Schools Genter Line Public Schools

L'Anse Creuse Public Schools ake Shore Public Schools

Macomb memediale Schools

Warren Woods Public School Sch



Macomb County Public Works Office

## Watershed-Based Permit.



Components addressed in permit

Storm Water Pollution Prevention Intrative 





Macomb County Public Works Office

## Hew Name of the Constitution of the Constituti

(MCPWO) is the permit administrator on behalf Macomb County Public Works Office of Macomb County.

Counity Departments Currently Affected: Д

Team Department 

Facilities & Operations >Road Commission

Parks & Recreation



Macomb County Public Works Office

# Macomb County's Permit Responsibilities

Participate in regional planning efforts, stewardship Continue work with Subwatershed Groups efforts, trail and greenway initiatives >Implement current PEP & IDEP Update Engineering Standards







Macomb County
Public Works Office

# Macomb County's Permit Responsibilities:

borous pavers and bio-swales) into the construction ncorporate BMPs (such as buffers & conservation ncorporate LID practices (such as rain gardens, easements) on County-owned properties and redevelopment of new facilities. >Conduct Natural Feature Inventory Develop Green Infrastructure Plan Promote model ordinances



Macomb County
Public Works Office

# Waterimb County's Permit Responsibilities:

> Develop procedures for maintenance garages and outdoor storage areas (chemical handling, vehicle washing and maintenance, etc.)

maintenance, fertilizer/salt applications, pest control, Develop procedures for grounds management (lawn mplement street, parking lot and catch basin dumpster maintenance, etc.)

Develop woody debris management program

deaning/maintenance



Macomb County Public Works Office

# What the Gernmissioners can do le assist

requirements (IDEP, Public Education, SWIM, HHW, > Support activities needed to meet permit

Educate constituents on activities they can do at home to improve water quality

(HHW, environmental education programs, IDEP 24-Promote county programs available to constituents hour holline, etc.)

events, meeting attendance, promotion of programs, requirements (i.e hosting/participating in River Day Report applicable activities that meet permit



Public Works Office Macomb County

For additional information, please confact:

Macomb County Public Works Univ. (586) 307-8229
Wrine seymour@macombcountymi.gov Lynne Seymour, P.E.
Environmental Engineer
Macomb County Public Works Office

## RECYCLABLE PAPER

RESOLUTION NO.

| FULL BOARD MEETING DATE:   |
|--|
| AGENDA ITEM:   |
|  |
| MACOMB COUNTY, MICHIGAN  |
| RESOLUTION TO: APPOINT THE LAW FIRM OF PLUNKETTCOONEY, P.C. TO REPRESENT MACOMB COUNTY IN THE CASE OF DANNY ALLEN WILSON and JANET M. FREDERICK-WILSON VS. MACOMB COUNTY, ET AL.   |
| INTRODUCED BY: CHAIRPERSON BETTY SLINDE, FINANCE COMMITTEE   |
| Plaintiff Danny Wilson and his wife have filed a Complaint in Federal District Court alleging that Mr. Wilson was maliciously prosecuted for failure to pay child support. They have also alleged numerous other claims including violations of his Fourth, Fifth and Fourteenth Amendment Rights, that he was subjected to cruel and unusual punishment, that he was slandered and defamed, subject to assault and battery while in the jail and that there was an abuse of process. He has named in his Complaint various employees of the County, including employees of the Sheriff's Department, the Prosecutor's Office and the Friend of the Court. |
| The law firm of PlunkettCooney has particular expertise in the area of defending Section 1983 claims and has represented this County for over 20 years.  |
| It is the recommendation of the Office of Corporation Counsel that the law firm of PlunkettCooney, P.C. be appointed to represent the individual Defendants of the County of Macomb in the pending litigation.   |
| COMMITTEE/MEETING DATE  FINANCE - 4/16/08  |

## RECYCLABLE PAPER

## **FULL BOARD MEETING DATE**

**AGENDA ITEM** 

## MACOMB COUNTY, MICHIGAN

RESOLUTION TO: review and act on the request of the Director of the Macomb County Juvenile Justice Center-use of credit card for out of county transporting of youths.

INTRODUCED BY:

Betty Slinde, Chairperson, Finance Committee

In the event the Finance Committee authorizes the use of credit cards for the purposes outlined by the Mr. Seidelman's letter, the Finance Department, in conjunction with the County Treasurer, will proceed to work out the details of such use including appropriate fiscal controls.

COMMITTEE/MEETING DATE: Finance Committee, Apr 16, 2008



## FINANCE DEPARTMENT

10 N. Main St., 12th Floor Mount Clemens, Michigan 48043 586-469-5250 FAX 586-469-5847

April 2, 2008

David M. Diegel Finance Director

John H. Foster Assistant Finance Director

Robert Grzanka, C.P.A. Internal Audit Manager

Stephen L. Smigiel, C.P.A. Accounting Manager

Commissioner Betty Slinde, Chairperson & Members of the Finance Committee Administration Building-9<sup>th</sup> Floor Mount Clemens, Michigan 48043

Dear Commissioner:

I have attached correspondence from Mr. Charles Seidelman, Director of the Juvenile Justice Center, which outlines his request for the use of credit cards by Juvenile Justice Center employees transporting youth to various out-state Michigan placement facilities. The card would cover the cost of gasoline, overnight accommodations, meal expense, emergency repairs and parking en route to these out state facilities.

The County currently authorizes the Sheriff use of a credit card for prisoner transportation expenses to out state prisons.

In the event the Finance Committee authorizes the use of credit cards for the purposes outlined in Mr. Seidelman's letter, my office, in conjunction with the County Treasurer, will proceed to work out the details in accordance with the County of Macomb Credit Card Policy (copy attached).

Sincerely yours

David M. Diegel Finance Director

DMD:ts

Enclosure

cc: Ted Wahby

Charles Seidelman

John Foster Barb Gardner

## MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman District 23 Chairman

Dana Camphous-Peterson District 18 Vice-Chair Leonard Haggerty District 21 Sergeant-At-Arms



## JUVENILE JUSTICE CENTER

400 N. Rose St. Mount Clemens, Michigan 48043 586-469-5375 FAX 586-469-0815

March 31, 2008

John Foster, Asst. Director Macomb County Finance Dept. 10 N. Main Mt. Clemens, MI 48043

Re: Credit Card for JJC

Dear John:

The Macomb County Juvenile Justice Center is requesting a credit card to cover unplanned expenses relating to the transporting of residents around the state. Our two transporters frequently convey youth to various Michigan placements including Grayling, Kalamazoo, Grand Rapids, and recently Escanaba. The card would cover en route gasoline, hotels (when less expensive than overtime), emergency repairs, and parking.

Thank you for your assistance in this matter.

Charles Seidelman

Director

icerely.

CS/db

RECEIVED

APR 0 1 2008

MACOMB COUNTY FINANCE

## MACOMB BOARD OF COMMISSIONERS

Jon M. Switalski - District 4 Robert Mi Susan L. Doherty - District 5 Philis DeS

Joan Flynn - District 6 Sue Rocca - District 7 David Flynn - District 8 Robert Mijac - District 9 Philis DeSaele - District 10 Ed Szczepanski - District 11 Peter J. Lund - District 12 Don Brown - District 13 Brian Brdak - District 14

Keith Rengert - District 15

William A. Crouchman District 23 Chairman

Dana Camphous-Peterson District 18 Vice-Chair

Leonard Haggerty District 21 Sergeant-At-Arms

Carey Torrice - District 16

Ed Bruley - District 17

Paul Gieleghem - District 19

Kathy Tocco - District 20

Betty Slinde - District 22

Sarah Roberts - District 24

Kathy D. Vosburg - District 25

Lean Drolet - District 26

COST NOT TO EXCEED \$65,000. FUNDS ARE AVAILABLE IN THE CAPITAL PROJECTS FUND.

Res. No. 06-333

ADOPT A COUNTY DRAIN DEBT REQUIREMENT OF .0055 MILL FOR THE YEAR 2007.

## FINANCE COMMITTEE - September 21, 2006

Res. No. 06-334

APPROVE MACOMB COUNTY CREDIT CARD POLICY; FURTHER, TO ADD A SECTION TITLED "ISSUANCE" WHICH WILL READ: A COUNTY CREDIT CARD CAN ONLY BE ISSUED UPON THE APPROVAL OF THE BOARD OF COMMISSIONERS.

Res. No. 06-335

**APPROVE** AN ADJUSTMENT TO THE **MILEAGE** REIMBURSEMENT RATE AND MEAL ALLOWANCE TO EQUATE THE RATES PAID BY THE STATE OF MICHIGAN EFFECTIVE OCTOBER 1ST OF EACH YEAR; THEREFORE, EFFECTIVE OCTOBER 1, 2006, THE MILEAGE REIMBURSEMENT RATE WILL DECREASE TO FORTY-FOUR CENTS PER MILE AND THE DAILY MEAL ALLOWANCE FOR EMPLOYEES WILL REMAIN THE SAME AT \$31.00 PER DAY IN COMPLIANCE WITH THE STATE OF MICHIGAN RATES; ALSO, THAT COUNTY COMMISSIONERS BE EXCLUDED FROM RECEIVING MILEAGE FOR ATTENDING BOARD OF COMMISSIONERS MEETINGS; FURTHER, THE FINANCE DIRECTOR IS DIRECTED TO NOTIFY EACH ELECTED OFFICIAL AND DEPARTMENT HEAD OF THE ABOVE-NOTED RATES.

Res. No. 06-336

AUTHORIZE PAYMENT FOR THE WORK PERFORMED AS FOLLOWS:

| MARTHA T. BERRY         | EDMUND LONDON & ASSOCIATES    | \$ 2,061.28 |
|-------------------------|-------------------------------|-------------|
| 42-2 DISTRICT COURT     | KRS – AE EQUITIES, LLC        | 461,722.00  |
| 42-2 DISTRICT COURT     | PARTNERS IN ARCHITECTURE, PLC | 7,231.61    |
| JUVENILE JUSTICE CENTER | PROJECT CONTROL SYSTEMS       | 32,381.43   |
| MARTHA T. BERRY         | PROJECT CONTROL SYSTEMS       | 105.520.00  |
| NEW PUBLIC WORKS BLDG.  | PROJECT CONTROL SYSTEMS       | 90,000.00   |
| JUVENILE JUSTICE CENTER | WAKELY ASSOCIATES             | 14,898.73   |

FURTHER, FUNDS ARE AVAILABLE IN THE CAPITAL BUDGET.

Res. No. 06-337

CONCUR IN THE RECOMMENDATION OF THE DIRECTORS OF RISK MANAGEMENT, HUMAN RESOURCES AND THE REPRESENTATIVE OF MERCER HEALTH BENEFITS TO ACCEPT THE MARKETING RESULTS AND SELECTIONS FOR THE

| RESOLUTION NO.  |
|---|
| FULL BOARD MEETING DATE:  |
| AGENDA ITEM:  |
|   |
|   |
| MACOMB COUNTY, MICHIGAN   |
| RESOLUTION TO: APPROVE MACOMB COUNTY CREDIT CARD POLICY.  |
| MCL 129.248 authorizes and regulates credit card transactions involving local units of government. The Act requires that the County have a policy which incorporates the responsibility for oversight, use, custody and control of the credit card, as well as payment of the credit card invoices. The adoption of the attached policy will bring us in conformity with state law. |
| It is, therefore, the recommendation of the office of Corporation Counsel that this policy be adopted by the Board of Commissioners.  |
|   |
|   |
|   |
| INTRODUCED BY: <u>COMMISSIONER BETTY SLINDE, CHAIRPERSON, FINANCE</u> COMMITTEE   |
|   |
|   |
|   |
| COMMITTEE/MEETING DATE  |
| <u>September 21, 2006</u>   |

## MACOMB COUNTY CREDIT CARD POLICY

WHEREAS, it is advantageous for the County of Macomb to enter into credit card arrangements for the purpose of transacting business; and

WHEREAS, it is necessary to set forth a policy that will facilitate purchases and maintain accountability for the use of said credit cards and to provide a system of internal controls to ensure that the use of said credit cards complies with all applicable laws, including the requirements of MCL 129.243, et seq., the County of Macomb hereby adopts this policy:

## Definition

The term "County credit card" shall mean a credit card issued in the name of Macomb County for the purpose of purchasing goods or services on behalf of the County.

## **Oversight**

The Macomb County Board of Commissioners hereby designates the County's Finance Director or his or her designee as the person responsible for the issuance, accounting, monitoring, retrieval and general oversight of compliance of this policy.

## Use

A County credit card may only be used to purchase goods or services for official County business.

An officer or employee using a County credit card shall submit to the Finance Director or his or her designee each month documentation detailing the goods or services purchased, the cost of the goods or services, the date of the purchase, and the official business for which such goods or services were purchased. Such documentation shall include all charge slips and/or other proofs of purchase. All credit card charges shall be included in the list of bills submitted by the Finance Department each month to the Finance Committee of the Macomb County Board of Commissioners.

## **Custody and Control of Credit Card**

An officer or employee who is permitted to use a County credit card is responsible for its protection and custody and shall immediately notify the Finance Director or his or her designee if the credit card is lost or stolen. Upon receipt of such notification, the Finance Director or his or her designee shall immediately notify the credit card company that the credit card is lost or stolen and take other appropriate steps to protect the interests of the County from possible misuse of said credit card.

## **Surrender of Card**

An officer or employee who is permitted to use a County credit card shall immediately surrender the credit card upon severance of employment with the County, including but not limited to termination, retirement, lay-off, or extended leave of absence. An officer or employee of the County shall immediately surrender a credit card if directed by the Chair of the Board of Commissioners and/or the Finance Director.

## Misuse of Credit Card

Any officer or employee who misuses a County credit card or fails to abide by the terms and conditions of this policy shall be subject to disciplinary measures, up to and including termination of employment.

## **Benefits from Use of Credit Card**

Any benefit which may be derived from the use of any County credit card shall be the property of the County of Macomb and not of the individual using such card.

## Payment of Credit Card Invoices

All invoices for credit cards issued on behalf of Macomb County shall be immediately forwarded to the Finance Director or his or her designee. The balance due on the credit card statements shall be paid as quickly as possible in order to avoid service charges, fees or interest. The total authorized credit limit for each credit card issued to the County of Macomb shall not exceed \$10,000.

## RECYCLABLE PAPER

RESOLUTION NO.

## **FULL BOARD MEETING DATE**

**AGENDA ITEM** 

## MACOMB COUNTY, MICHIGAN

RESOLUTION TO: approve the three year lease with Lakeshore Legal Aid, for space at the VerKuilen Building for the period January 1, 2008 through December 31, 2010, with options to renew as outlined in the attached Lease Agreement..

INTRODUCED BY: Betty Slinde, Chairperson, Finance Committee

As previously directed by this Board, the Office of Corporation Counsel along with the Finance and Facilities Department, have been negotiating with the Legal Aid and Defender Association, Inc. and Lakeshore Legal Aid in developing an acceptable Lease agreement for office space utilized at the VerKuilen Building by these organization. On April 11, 2008, the County and these organizations finally reached a mutually acceptable lease for this space and we are requesting the Board to review and approve the attached lease agreement so we may obtain the required signatures. Corporation Counsel and Finance will be available to discuss this issue.

COMMITTEE/MEETING DATE: Finance Committee, Apr 16, 2008

## LAKESHORE LEGAL AID LEASE VERKUILEN BUILDING

| THIS LEASE is entered into this _ | day of     | 2008 between MACOMB |
|-----------------------------------|------------|---------------------|
| COUNTY (Landlord) and LAKESI      | HORE LEGAL | AID (Tenant).       |

In consideration of the rent to be paid by Tenant and the terms and conditions of this lease, Landlord and Tenant agree as follows:

- 1. Landlord leases to Tenant 560 square feet of office space in the Verkuilen Building located at 21885 Dunham Road, Clinton Township, Michigan being a portion of Suite 4 as shown on the attached Exhibit A.
- 2. The term of this lease shall be for three years, commencing on January 1, 2008, and ending on December 31, 2010. Tenant will have the option to renew this lease for an additional three-year period subject to the terms and conditions of this lease. This option must be exercised by written notice to the Landlord 60 days prior to the expiration of the initial lease term.
- 3. During the term of this lease, the premises shall be used and occupied as office space and other related activities for Tenant's business and for no other purpose without the written consent of Landlord. Tenant shall not use the premises for any purpose in violation of any law, municipal ordinance, or regulation.
- 4. Tenant will pay the annual sum of \$9.00 per square foot (\$5,040) as gross rent (includes electrical, water, HVAC and basic janitorial) in equal monthly installments of \$420.00 paid in advance on the 1<sup>st</sup> day of each month. Rent for the renewal period if exercised will be \$9.50 per square foot. If the tenant holds over the rent will be increased 2% annually. Rent will be paid at Landlord's Finance Department.
- 5. Any bill, statement, notice, communication or payment which Landlord or Tenant are required to give to the other party shall be in writing and shall be sent to the other party addressed as follows:

Landlord:

Tenant:

The County of Macomb Finance Director 10 N. Main, 12<sup>th</sup> Floor Mt. Clemens, MI 48043 Lakeshore Legal Aid 21885 Dunham Rd. Suite 4a Clinton Township, MI 48036

or at such other address as either party shall have designated to the other, and the time of the rendition or receipt of such shall be the time when the same is deposited with an official United States Post Office, postage and fees fully prepaid thereon for first class mail

6. Tenant shall not assign this lease without the written consent of the Landlord. Any assignment without written consent shall give the Landlord the right to terminate the lease and re-enter and repossess the premises.

- 7. If the premises are damaged or destroyed in whole or in part by fire or other casualty, the Landlord will repair and restore them with reasonable dispatch. Rent shall abate entirely if the entire premises are untenantable and pro rata for that portion rendered untenantable, until the premises are restored to a tenantable condition. There shall be no abatement of rent if Tenant fails to adjust its own insurance or removes its damaged goods, wares, equipment or property within a reasonable time, and as a result, the repair and restoration is delayed. There shall also be no abatement of rent if the negligence or willful act of Tenant, its agents, or employees caused the fire or other casualty that damaged the premises. If Tenant uses any part of the premises for storage during the period of repair, Tenant shall pay a reasonable charge. If the premises are destroyed to the extent of more than one-half of the value, the Landlord may at its option terminate the lease by a written notice to Tenant.
- 8. Tenant shall indemnify and hold harmless Macomb County and its officers and employees, from any and all claims, lawsuits, losses, damage or injury to persons or property of whatever kind and nature, whether direct or indirect, arising out of the operation of this agreement or tenant's business to be operated on the premises, or the carelessness, negligence, intentional act, or improper conduct of the Tenant, its agents, licensees, invitees, or employees, which responsibility shall not be limited to the insurance coverage provided herein. Tenant will procure and keep in effect during the term of the lease insurance for the benefit of Macomb County as follows:

| <u>Type</u>                           | Coverage  | <u>Limits</u>               |
|---------------------------------------|---|-----------------------------|
| Comprehensive<br>General<br>Liability | Macomb County<br>named as additional<br>insured | \$1,000,000/<br>\$1,000,000 |

Tenant will provide Landlord with certificates evidencing of the policies and will notify Landlord of any material changes. The insurance policies may not be cancelled or not renewed without first providing the Landlord with 60 days notification of cancellation or non-renewal.

- 9. Tenant will, at its own expense, during the continuation of this lease, keep the premises in good repair and, at the expiration of the term, deliver the premises in the same condition as when taken, reasonable wear and tear excepted. Tenant shall not make any alterations, additions, or improvements to the premises without the Landlord's written consent. All alterations, additions or improvements made by either party, except movable furniture and trade fixtures put in at the expense of Tenant, shall be the property of Landlord and shall remain upon the premises at the expiration of this lease.
- 10. Landlord may enter the premises at reasonable times to install or repair pipes, wires and other appliances or make any repairs deemed by the Landlord to be essential to the use and occupancy of other parts of Landlord's building. Tenant shall not obstruct or restrict access to any common areas, including the entrance and hallway in Suite 4.

- 11. Tenant shall not perform any acts or carry on any practices that may injure the building or be a nuisance to other offices in the building. Tenant shall not obstruct or restrict access to any common areas, including the entrance and hallway in Suite 4. Notwithstanding any other provision in this lease all damage done to the Verkuilen Building by the Tenant or any person who may be in or upon the premises with the consent, invitation or license of the tenant shall be paid for by the tenant.
- 12. Tenant, at its own expense, shall comply promptly with all laws, orders, regulation or ordinances of all municipal, county and state authorities affecting the premises and the cleanliness, safety, occupation and use of same.
- 13. Tenant acknowledges that he has examined the premises prior to the taking of this lease, and knows the condition of the premises. Landlord has made no representations as to the condition or state of repairs that are not expressed in this lease. Tenant accepts the leased premises in their present condition as of the date of execution of this lease.
- 14. In the event Tenant holds over after termination of this lease, the tenancy shall be from month to month in the absence of a written agreement.
- 15. All signs and advertising displayed in and about the premises shall only be those that advertise the business in the premises and the Landlord shall control the character and size of the signs and advertising. No sign shall be displayed unless the Landlord approves it in writing.
- 16. Landlord, at its own cost and expense, shall make all necessary repairs and replacement to the roof, outer walls, (including common walls), exterior and structure of the building, including any HVAC, electrical or plumbing within the walls of the suite and leading into the suite.
- 17. Tenant shall be responsible to repair and maintain the interior walls, carpeting/floor covering, fixtures, doors and all associated hardware and accessories of the leased premises. Landlord shall have the right to enter the premises at any reasonable hour for inspection purposes. If Landlord deems any such repairs are necessary, it may demand that Tenant make the repairs. If Tenant refuses or neglects to commence and complete the repairs with reasonable dispatch, the Landlord may make or cause to be made such repairs and shall not be responsible to Tenant for any loss or damage that may accrue to its business. If the Landlord makes the repairs, the Tenant will pay on demand to Landlord the cost of the repairs with interest at 7% per annum. If Tenant defaults in the payment of the cost, Landlord shall have the remedies provided for in this lease.
- 18. By paying the rent and observing all the terms and conditions of this lease, Tenant shall peaceably and quietly have, hold and enjoy the premises during the term and any extension or renewal of this Lease.
- 19. The failure of Landlord or Tenant to require strict performance by the other of any term or condition of this lease is not a waiver for the future of any breach of the same or any other term or condition. Landlord's acceptance of rent is not a waiver of any breach by Tenant.

- 20. To the extent permitted by law, the rights and remedies of Landlord are cumulative, and the exercise of any one of them will not be deemed to be in exclusion of any other. The rights and remedies are in addition to any other rights and remedies available to Landlord at law or equity.
- 21. All employees of Tenant must comply with the County's policies and procedures relating to facility security.
- 22. Tenant shall not assign, transfer or encumber this lease, nor sublet the premises, nor permit the occupation by others, without on each occasion obtaining the prior written consent of Landlord. Consent of Landlord on any one occasion shall not be deemed a waiver of the necessity for consent on any other occasion. Notwithstanding any assignment or subletting, Tenant shall remain primarily liable for the payment of rent and the performance of all terms and conditions of this Lease. Any attempt to assign or sublet without Landlord's consent shall be void and shall entitle Landlord, at its option, to terminate this Lease.
- 23. Tenant shall be in default of this Lease upon the occurrence of any one of the following events:
  - A. failure to pay any installment of rent or any other amount required herein which shall continue for 7 days after the same is due;
  - B. failure to perform or observe any other covenant, term or condition of this Lease which shall not be corrected within 15 days after written notice from Landlord, or for such longer period as may be reasonably necessary to correct such default;
  - C. abandonment or cessation of business operations at the premises by Tenant;
  - D. any misrepresentation or omission of or on behalf of Tenant made to Landlord in connection with this Lease;
  - E. the taking of the leasehold created hereby on execution or by other process of law;
  - F. insolvency or failure of Tenant to generally pay its debts as they become due:
  - G. assignment for the benefit of creditors of, or appointment of a receiver or other officer for, all or any part of Tenant's property; or
  - H. adjudication of bankruptcy or filing of a petition under any bankruptcy or debtor's relief law by or against Tenant.
- 24. Upon any default by Tenant, Landlord may, at its option, terminate this Lease and/or commence eviction proceedings. Upon any such default, Landlord shall also have the right to enter the premises, without demand or notice, and repossess the same and expel Tenant and any other occupants and their effects, either with or without terminating this Lease. Any entry may be with or without process of law, by force if

necessary, or otherwise according to law. No entry shall subject Landlord to any liability for trespass or damages. No act or failure to act by Landlord shall waive any remedies that Landlord may have for arrears of rent or breach of covenant or release Tenant from any liability whatsoever.

- 25. Upon any termination or entry as above, Tenant shall indemnify Landlord against all loss of rents and other amounts which Landlord may incur over the remainder of the term in addition to paying all overdue rent and other payments. Tenant shall also pay to Landlord all costs and expenses incurred by Landlord by reason of Tenant's default including, without limitation, attorney's fees, costs of regaining possession and re-letting the Premises, broker's fees, storage fees and repairing and cleaning costs.
- 26. If any provision of this Lease shall be invalid or unenforceable, the remaining provisions shall remain in full force and effect.
- 27. The parties acknowledge that they have read and understand the terms of this lease. This lease contains the entire agreement and understanding between the parties regarding the premises and is subject to no agreements, conditions or representations that are not expressly set forth. This lease may only be amended in writing and signed by both Landlord and Tenant.
- 28. Tenant shall have the option to terminate this lease upon the following terms and conditions:
  - A. Tenant loses more than 50% of its total current annual funding and can verify in writing with supportive documentation its loss, and,
  - B. Tenant gives Landlord written notice of Tenant's election to exercise the Termination Option together with such supportive documentation specified above. The notice shall provide a date tenant will vacate the premises which shall not be less than 30 days from the date the notice is sent.
- 29. In the event that the co-tenant in Suite 4 either voluntarily or involuntarily vacates the premises, Tenant shall have an option to lease the space vacated in Suite 4 by the cotenant. In the event this option is exercised, Tenant shall pay gross rent per square foot for the additional space under the same terms and conditions as are applicable to this lease. Tenant shall have a minimum of 60 days after written notification that co-tenant has vacated to exercise this option. If Tenant does not exercise this option within 60 days and the period to consider the option is not extended in writing by the Landlord, the Landlord may re-let the portion vacated by the co-tenant or use the space for its own purposes. Tenant, the landlord and any co-tenant shall respect the sensitive and confidential nature of each others' respective businesses.
- 30. Macomb County Commission shall place signage on the outside of suite 4 that clearly identifies that both Legal Aid and Lakeshore occupy the suite. In the event that Lakeshore should vacate the premises and a new tenant take occupancy of Suite 4 new signage will be posted which shall make the same distinction between LADA and new tenant.

| WITNESSED BY | MACOMB COUNTY  |
|--------------|--|
|              | By:<br>William A. Crouchman,<br>Chairperson Board of Commissioners |
|              | LAKESHORE LEGAL AID  |
|              | By:<br>William R. Knight Jr.<br>Executive Director                 |

RESOLUTION NO.

#### **FULL BOARD MEETING DATE**

AGENDA ITEM

## MACOMB COUNTY, MICHIGAN

RESOLUTION TO: approve the three year lease with Legal Aid and Defender Association, Inc., for space at the VerKuilen Building for the period January 1, 2008 through December 31, 2010, with options to renew as outlined in the attached Lease Agreement..

INTRODUCED BY: Betty Slinde, Chairperson, Finance Committee

As previously directed by this Board, the Office of Corporation Counsel along with the Finance and Facilities Department, have been negotiating with the Legal Aid and Defender Association, Inc. and Lakeshore Legal Aid in developing an acceptable Lease agreement for office space utilized at the VerKuilen Building by these organization. On April 11, 2008, the County and these organizations finally reached a mutually acceptable lease for this space and we are requesting the Board to review and approve the attached lease agreement so we may obtain the required signatures. Corporation Counsel and Finance will be available to discuss this issue.

COMMITTEE/MEETING DATE: Finance Committee, Apr 16, 2008

# LEGAL AID AND DEFENDER ASSOCIATION LEASE VERKUILEN BUILDING

| THIS LEASE is entered into this | _day of                 | 2008 between MACOMB |
|---------------------------------|-------------------------|---------------------|
| COUNTY (Landlord) and the LEGAL | <b>AID AND DEFENDER</b> | ASSOCIATION INC.    |
| (Tenant).                       |                         |                     |

In consideration of the rent to be paid by Tenant and the terms and conditions of this lease, Landlord and Tenant agree as follows:

- Landlord leases to Tenant 2,185 square feet of office space including a portion of the common waiting area in the Verkuilen Building located at 21885 Dunham Road, Clinton Township, Michigan being a portion of Suite 4 as shown on the attached Exhibit A.
- 2. The term of this lease shall be for three years, commencing on January 1, 2008, and ending on December 31, 2010. Tenant will have the option to renew this lease for an additional three-year period subject to the terms and conditions of this lease. This option must be exercised by written notice to the Landlord 60 days prior to the expiration of the initial lease term.
- 3. During the term of this lease, the premises shall be used and occupied as office space and other related activities for Tenant's business and for no other purpose without the written consent of Landlord. Tenant shall not use the premises for any purpose in violation of any law, municipal ordinance, or regulation.
- 4. Tenant will pay the annual sum of \$9.00 per square foot (\$19,665) as gross rent (includes electrical, water, HVAC and basic janitorial) in equal monthly installments of \$1,638.75 paid in advance on the 1<sup>st</sup> day of each month. Rent for the renewal period if exercised will be \$9.50 per square foot. If the tenant holds over after the renewal period the rent will be increased by 2% annually. Rent shall be paid at Landlord's Finance Department.
- 5. Any bill, statement, notice, communication or payment which Landlord or Tenant may desire will be required to give to the other party shall be in writing and shall be sent to the other party addressed as follows:

| Lar | ndl | or | d: |
|-----|-----|----|----|
|     |     |    |    |

Tenant:

The County of Macomb Attention: Finance Director 10 N. Main, 12<sup>th</sup> Floor Mt. Clemens, MI 48043 Legal Aid and Defender Association, Inc. Attention: Finance Director 613 Abbott Detroit, MI 48226

or at such other address as either party shall have designated to the other, and the time of the rendition or receipt of such shall be the time when the same is deposited with an official United States Post Office, postage and fees fully prepaid thereon for first class mail

- 6. Tenant shall not assign this lease without the written consent of the Landlord. Any assignment without written consent shall give the Landlord the right to terminate the lease and re-enter and repossess the premises.
- 7. If the premises are damaged or destroyed in whole or in part by fire or other casualty, the Landlord will repair and restore them with reasonable dispatch. Rent shall abate entirely if the entire premises are untenantable and pro rata for that portion rendered untenantable, until the premises are restored to a tenantable condition. There shall be no abatement of rent if Tenant fails to adjust its own insurance or remove its damaged goods, wares, equipment or property within a reasonable time, and as a result, the repair and restoration is delayed. There shall also be no abatement of rent if the negligence or willful act of Tenant, its agents, clients or employees caused the fire or other casualty that damaged the premises. If Tenant uses any part of the premises for storage during the period of repair, Tenant shall pay a reasonable charge. If the premises are destroyed to the extent of more than one-half of the value, the Landlord may at its option terminate the lease by a written notice to Tenant.
- 8. Tenant shall indemnify and hold harmless Macomb County and its officers and employees, from any and all claims, lawsuits, losses, damage or injury to persons or property of whatever kind and nature, whether direct or indirect, arising out of the operation of this agreement or tenant's business to be operated on the premises, or the carelessness, negligence, intentional act, or improper conduct of the Tenant, its agents, licensees, invitees, or employees, which responsibility shall not be limited to the insurance coverage provided herein. Tenant will procure and keep in effect during the term of the lease insurance for the benefit of Macomb County as follows:

| <u>Type</u>                           | Coverage  | <u>Limits</u>               |
|---------------------------------------|---|-----------------------------|
| Comprehensive<br>General<br>Liability | Macomb County<br>named as additional<br>insured | \$1,000,000/<br>\$1,000,000 |

Tenant will provide Landlord with certificates evidencing of the policies and will notify Landlord of any material changes. The insurance policies may not be cancelled or not renewed without first providing the Landlord with 60 days notification of cancellation or non-renewal.

9. Tenant will, at its own expense, during the continuation of this lease, keep the premises in good repair and, at the expiration of the term, deliver the premises in the same condition as when taken, reasonable wear and tear excepted. Tenant shall not make any alterations, additions, or improvements to the premises without the Landlord's written consent. All alterations, additions or improvements made by either party, except movable furniture and trade fixtures put in at the expense of Tenant, shall be the property of Landlord and shall remain upon the premises at the expiration of this lease.

- 10. Landlord may enter the premises at reasonable times for maintenance and to install or repair pipes, wires and other appliances or make any repairs deemed by the Landlord to be essential to the use and occupancy of other parts of Landlord's building.
- 11. Tenant shall not perform any acts or carry on any practices that may injure the building or be a nuisance to other offices in the building. Tenant shall not obstruct or restrict access to any common areas, including the entrance and hallway in Suite 4. Notwithstanding any other provision in this lease all damage done to the Verkuilen Building by the Tenant or any person who may be in or upon the premises with the consent, invitation or license of the tenant shall be paid for by the tenant.
- 12. Tenant, at its own expense, shall comply promptly with all laws, orders, regulation or ordinances of all municipal, county and state authorities affecting the premises and the cleanliness, safety, occupation and use of same.
- 13. Tenant acknowledges that it has examined the premises prior to the taking of this lease, and knows the condition of the premises. Landlord has made no representations as to the condition or state of repairs that are not expressed in this lease. Tenant accepts the leased premises in their present condition, "as is", as of the date of execution of this lease.
- 14. In the event Tenant holds over after termination of this lease, the tenancy shall be from month to month in the absence of a written agreement.
- 15. All signs and advertising displayed in and about the premises shall only be those that advertise the business in the premises and the Landlord shall control the character and size of the signs and advertising. No sign shall be displayed unless the Landlord approves it in writing.
- 16. Landlord, at its own cost and expense, shall make all necessary repairs and replacement to the roof, outer walls, (including common walls), exterior and structure of the building, including any HVAC, electrical or plumbing within the walls of the suite and leading into the suite.
- 17. Tenant shall be responsible to repair and maintain the interior walls, carpeting/floor covering, fixtures, doors and all associated hardware and accessories of the leased premises. Landlord shall have the right to enter the premises at any reasonable hour for inspection purposes. If Landlord deems any such repairs are necessary, it may demand that Tenant make the repairs. If Tenant refuses or neglects to commence and complete the repairs with reasonable dispatch, the Landlord may make or cause to be made such repairs and shall not be responsible to Tenant for any loss or damage that may accrue to its business. If the Landlord makes the repairs, the Tenant will pay on demand to Landlord the cost of the repairs with interest at 7% per annum. If Tenant defaults in the payment of the cost, Landlord shall have the remedies provided for in this lease.

- 18. By paying the rent and observing all the terms and conditions of this lease, Tenant shall peaceably and quietly have, hold and enjoy the premises during the term and any extension or renewal of this Lease.
- 19. The failure of Landlord or Tenant to require strict performance by the other of any term or condition of this lease is not a waiver for the future of any breach of the same or any other term or condition. Landlord's acceptance of rent is not a waiver of any breach by Tenant.
- 20. To the extent permitted by law, the rights and remedies of Landlord are cumulative, and the exercise of any one of them will not be deemed to be in exclusion of any other. The rights and remedies are in addition to any other rights and remedies available to Landlord at law or equity.
- 21. All employees, clients and visitors of Tenant must comply with the County's policies and procedures relating to facility security.
- 22. Tenant shall not assign, transfer or encumber this lease, nor sublet the premises, nor permit the occupation by others, without on each occasion obtaining the prior written consent of Landlord. Consent of Landlord on any one occasion shall not be deemed a waiver of the necessity for consent on any other occasion. Notwithstanding any assignment or subletting, Tenant shall remain primarily liable for the payment of rent and the performance of all terms and conditions of this Lease. Any attempt to assign or sublet without Landlord's consent shall be void and shall entitle Landlord, at its option, to terminate this Lease.
- 23. Tenant shall be in default of this Lease upon the occurrence of any one of the following events:
  - A. failure to pay any installment of rent or any other amount required herein which shall continue for 7 days after the same is due;
  - B. failure to perform or observe any other covenant, term or condition of this Lease which shall not be corrected within 15 days after written notice from Landlord, or for such longer period as may be reasonably necessary to correct such default;
  - C. abandonment or cessation of business operations at the premises by Tenant;
  - D. any misrepresentation or omission of or on behalf of Tenant made to Landlord in connection with this Lease:
  - E. the taking of the leasehold created hereby on execution or by other process of law;
  - F. insolvency or failure of Tenant to generally pay its debts as they become due:

- G. assignment for the benefit of creditors, or appointment of a receiver or other officers for, all or any part of Tenant's property; or
- H. adjudication of bankruptcy or filing of a petition under any bankruptcy or debtor's relief law by or against Tenant.
- 24. Upon any default by Tenant, Landlord may, at its option, terminate this Lease and/or commence eviction proceedings. Upon any such default, Landlord shall also have the right to enter the premises, without demand or notice, and repossess the same and expel Tenant and any other occupants and their effects, either with or without terminating this Lease. Any entry may be with or without process of law, by force if necessary, or otherwise according to law. No entry shall subject Landlord to any liability for trespass or damages. No act or failure to act by Landlord shall waive any remedies that Landlord may have for arrears of rent or breach of covenant or release Tenant from any liability whatsoever.
- 25. Upon any termination or entry as above, Tenant shall indemnify Landlord against all loss of rents and other amounts which Landlord may incur over the remainder of the term in addition to paying all overdue rent and other payments. Tenant shall also pay to Landlord all costs and expenses incurred by Landlord by reason of Tenant's default including, without limitation, attorney's fees, costs of regaining possession and re-letting the Premises, broker's fees, storage fees and repairing and cleaning costs.
- 26. If any provision of this Lease shall be invalid or unenforceable, the remaining provisions shall remain in full force and effect.
- 27. The parties acknowledge that they have read and understand the terms of this lease. This lease contains the entire agreement and understanding between the parties regarding the premises and is subject to no agreements, conditions or representations that are not expressly set forth. This lease may only be amended in writing and signed by both Landlord and Tenant.
- 28. Tenant shall have the option to terminate this lease upon the following terms and conditions:
  - A. Tenant loses more than 50% of its total current annual funding for the Civil Law Group and can verify in writing with supportive documentation its loss, and,
  - B. Tenant gives Landlord written notice of Tenant's election to exercise the Termination Option together with such supportive documentation specified above. The notice shall provide a date tenant will vacate the premises which shall not be less than 30 days from the date the notice is sent.
- 29. In the event that the co-tenant in Suite 4 either voluntarily or involuntarily vacates the premises, Tenant shall have an option to lease the space vacated in Suite 4 by the co-tenant. In the event this option is exercised, Tenant shall pay gross rent per square foot for the additional space under the same terms and conditions as are

applicable to this lease. Tenant shall have a minimum of 60 days after written notification that co-tenant has vacated to exercise this option. If Tenant does not exercise this option within 60 days and the period to consider the option is not extended in writing by the Landlord, the Landlord may re-let the portion vacated by the co-tenant or use the space for its own purposes. Tenant, the landlord and any co-tenant shall respect the sensitive and confidential nature of each others' respective businesses.

30. Macomb County Commission shall place signage on the outside of suite 4 that clearly identifies that both Legal Aid and Lakeshore occupy the suite. In the event that Lakeshore should vacate the premises and a new tenant take occupancy of Suite 4 new signage will be posted which shall make the same distinction between LADA and new tenant.

| WITNESSED BY | MACOMB COUNTY  |
|--------------|--|
|              | By:<br>William A. Crouchman, Chairperson<br>Board of Commissioners |
|              | LEGAL AID AND DEFENDER ASSOCIATION INC.                            |
|              | By:  |

# RECYCLABLE PAPER

| FULL BOARD MEETING DATE:   |
|--|
| AGENDA ITEM:   |
| COMB COUNTY, MICHIGAN  |
| e publication of the proposed Articles of Incorporation of al Authority. |
| ner Betty Slinde, Chairperson, Finance Committee                         |
|  |
|  |
| 2  |



# **CORPORATION COUNSEL**

ADDED

1 S. Main St., 8th Floor Mount Clemens, Michigan 48043 586-469-6346 Fax 586-307-8286

Corporation Counsel George E. Brumbaugh, Jr.

Assistant Corporation Counsel Lucy Kaiser Frank Krycia James S. Meyerand Jill K. Smith

## **MEMORANDUM**

To:

Finance Services Committee

From:

Jill K. Smith

**Assistant Corporation Counsel** 

Subject:

Formation of Macomb County Zoological Authority

Date:

April 15, 2008

Bond Counsel for the County reviewed the proposed Articles of Incorporation and made minor recommendations. Those recommendations have been incorporated into the attached Articles of Incorporation for your review and approval.

#### ARTICLES OF INCORPORATION

#### COUNTY OF MACOMB ZOOLOGICAL AUTHORITY

These Articles of Incorporation of the County of Macomb Zoological Authority are adopted by the County of Macomb for the purpose of creating a local authority under the provisions of Act 49 of the Public Acts of 2008, MCL 123.1161 et seq.

### ARTICLE I NAME

The name of this Authority is the "County of Macomb Zoological Authority".

# ARTICLE II INCORPORATING UNIT

The incorporating unit creating the Authority is the County of Macomb, Michigan.

## ARTICLE III PURPOSE

The Authority is created for the purpose of supporting wildlife conservation and animal welfare and to provide the residents of Macomb County with unique, meaningful and educational experiences involving the appreciation and stewardship of nature.

# ARTICLE IV POWERS AND DUTIES

- Section 1. The Authority shall be a public body corporate with power to sue and be sued in its own name in any court of the State of Michigan.
- Section 2. The Authority may adopt and amend by-laws for the regulation of its affairs and the conduct of its business.
- Section 3. The Authority shall have the power to: (a) contract for zoological services with an accredited zoological institution; (b) levy a tax as provided in Section 13 2008 PA 49, MCL 123.1173; (c) enter into contracts incidental or necessary to carry out the purpose of 2008 PA 49; and/or (d) contract for or retain professional services.
- Section 4. The Authority cannot obtain an interest in real property or participate in the governance of an accredited zoological institution.

Section 5. The business that the Authority performs shall be conducted at a public meetings of the Authority held in compliance with the open meetings Act, 1976 PA 267. Public notice of the time, date, ad place of the meeting shall be given in the manner required by the open meetings act 1976 PA 267, MCL 15.261 et seq.

Section 6. A writing prepared, owned, or used by the Board in the performance of an official function shall be made in compliance with the Freedom of Information Act, 1976 PA 442, MCL 15.231 et seq.

Section 7. The enumeration of specific powers in 2008 PA 49 shall not be construed as a limitation on the general powers of this Authority.

## ARTICLE V MEMBERSHIP

#### **Appointment**

Section 1. The Authority shall be directed and governed by a Board consisting of five (5) members. The members shall be appointed by the Chairperson of the Macomb County Board of Commissioners with the concurrence of the Macomb County Board of Commissioners.

### **Eligibility**

Section 2. A member must be at least 18 years of age and a resident of the County of Macomb.

#### Term of Office

Section 3. The terms of the members constituting the first Board shall be for three (3) years. The terms of succeeding members shall be for two (2) years. The initial terms of each member shall commence upon acceptance of the appointment and shall terminate on March 31st 2011. The terms of succeeding members shall commence on April 1st. A member shall serve until his or her successor is appointed.

#### Compensation

Section 4. Members of the Board shall not receive compensation for services as members of the board, but are entitled to reimbursement for reasonable expenses, including expense for travel previously authorized by the Board, incurred in discharge of his or her duties, as provided in Section 9 of 2008 PA 49, MCL 123.1169.

### Vacancy

Section 5. A vacancy occurs on the Board on the happening of any of the events set forth is section 3 of 1846 RS 15, MCL 201.3. Members of the Board may be removed by the Macomb County Board of Commissioners for good cause after a public hearing. Vacancies occurring in the membership of the Board shall be filled in the same way that the original appointment is made and shall be for the period of the unexpired term.

#### **Organization**

Section 6. At its first meeting, the Board shall elect a chairperson, a secretary, a treasurer, and any other officers it considers necessary.

## ARTICLE VI PUBLICATION

The County Clerk for the County of Macomb, Michigan shall cause a copy of these Articles of Incorporation to be published once in the Macomb Daily, a newspaper of general circulation within the County of Macomb, and to be filed with the Secretary of State.

# ARTICLE VII AMENDMENTS

Amendments may be made to these Articles of Incorporation as provided in 2008 PA 49.

## ARTICLE VIII TERM

The term of this Authority shall be perpetual.

# ARTICLE IX DISSOLUTION

This Authority may be dissolved by a majority vote of the members appointed and serving. Upon dissolution, the Authority shall only distribute its net assets after payment of debts to an accredited zoological institution.

## ARTICLE X EFFECTIVE DATE

These Articles of Incorporation shall take effect upon filing with the Secretary of State.



## CORPORATION COUNSEL

1 S. Main St., 8th Floor Mount Clemens, Michigan 48043 586-469-6346 Fax 586-307-8286

Corporation Counsel George E. Brumbaugh, Jr.

Assistant Corporation Counsel Lucy Kaiser Frank Krycia James S. Meyerand Jill K. Smith

## **MEMORANDUM**

To:

Betty Slinde, Chairman

**Finance Services Committee** 

From:

Jill K. Smith

**Assistant Corporation Counsel** 

Subject:

Formation of Macomb County Zoological Authority

Date:

April 8, 2008

On March 27, 2008, the Legislature passed the Zoological Authorities Act. This act provides for the establishment of a county zoological authority and the authorization of a property tax by the zoological authority for the purpose of providing revenue to an accredited zoological institution.

This office was requested to prepare proposed Articles of Incorporation for a County of Macomb Zoological Authority. The act requires that articles of incorporation first be published in a newspaper generally circulated within the county before final adoption by the Board of Commissioners.

It is my understanding that the August primary is the targeted date for a ballot proposal on the question of a tax for an accredited zoological institution. If the Board of Commissioners decides to establish a zoological authority, then the Board must authorize publication of the proposed Articles of Incorporation at the April 17<sup>th</sup> Board meeting and adopt the proposed Articles at the May 15<sup>th</sup> Board meeting. Certification of ballot proposal language by the authority must occur by May 20<sup>th</sup>.

Attached are the proposed Articles of Incorporation.

#### MACOMB COUNTY BOARD OF COMMISSIONERS

William A. Crouchman District 23 Chairman

Dana Camphous-Peterson District 18 Vice-Chair Leonard Haggerty District 21 Sergeant-At-Arms

Andrey Duzyj - District 1 Marvin E. Sauger - District 2 Phillip A. DiMaria - District 3 Jon M. Switalski - District 4 Susan L. Doherty - District 5 Joan Flynn - District 6 Sue Rocca - District 7 David Flynn - District 8 Robert Mijac - District 9 Philis DeSaele - District 10 Ed Szczepanski - District 11 Peter J. Lund - District 12 Don Brown - District 13 Brian Brdak - District 14 Keith Rengert - District 15

Carey Torrice - District 16 Ed Bruley - District 17 Paul Gieleghem - District 19 Kathy Tocco - District 20

Betty Slinde - District 22 Sarah Roberts - District 24 Kathy D. Vosburg - District 25 Leon Drolet - District 26

#### **ARTICLES OF INCORPORATION**

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Section 4. Members of the Board shall not receive compensation for services as members of the board, but are entitled to reimbursement for reasonable expenses, including expense for travel previously authorized by the Board, incurred in discharge of his o her duties, as provided in Section 9 of 2008 PA 49, MCL 123.1169.

#### Vacancy

Section 5. A vacancy occurs on the Board on the happening of any of the events set forth is section 3 of 1846 RS 15, MCL 201.3. Members of the Board may be removed by the Macomb

County Board of Commissioners for good cause after a public hearing. Vacancies occurring in the membership of the Board shall be filled in the same way that the original appointment is made and shall be for the period of the unexpired term.

#### **Organization**

Section 6. At its first meeting, the Board shall elect a chairperson, a secretary, a treasurer, and any other officers it considers necessary.

## ARTICLE VI PUBLICATION

The County Clerk for the County of Macomb, Michigan shall cause a copy of these Articles of Incorporation to be published once in the Macomb Daily, a newspaper of general circulation within the County of Macomb, and to be filed with the Secretary of State.

## ARTICLE VII AMENDMENTS

Amendments may be made to these Articles of Incorporation as provided in 2008 PA 49.

## ARTICLE VIII TERM

The term of this Authority shall be perpetual.

## ARTICLE IX EFFECTIVE DATE

These Articles of Incorporation shall take effect upon filing with the Secretary of State.

# RECYCLABLE PAPER

MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conferen REQUESTING DEPARTMENT: APR 0 7 2008 Macomb County Community Services Agency CONFERENCE TITLE: Transforming School Communities: Voices for Student Health MACOMB COUNTY CONFERENCE SPONSORED BY: National Association for School Nurses FINANCE CONFERENCE CLASSIFICATION: (circle one) XX Professional Conference **Employee Training** CONFERENCE LOCATION: Albuquerque, New Mexico TRAVEL BEGINS 2008 TRAVEL ENDS July 2008 MONTH DAY YEAR MONTH DAY YEAR NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: COMMISSION MEMBER STAFF MEMBERS ESTIMATED EXPENSES PER PERSON TOTAL REGISTRATION FEES ..... \$ \$515:by May 2 \$515:by May 2 TRANSPORTATION: COUNTY PERSONAL \$550. \$550. **VEHICLE** X AIRPLANE **VEHICLE** \$145.60 / night LODGING-BEGINS June 26 2008 **ENDS** X 5 Month Day Year Month Day Year \$728. \$728. \$186 (\$31 x 6) \$186 Mileage to airp. \$41.77 MISCELLANEOUS EXPENSES:.... \$41.77 Parking @ airp. \$60 (\$10/day) **\$**60. SUB TOTAL - CONFERENCE EXPENSES ...... \$2080.77 \$2080.77 PER DIEM: OVERTIME: TOTAL ESTIMATED EXPENSE ..... \$2080.77 SIGNATURE OF DEPARTMENT HEAD 1 Not to exceed cost of tourist class air fare 2 Not to exceed \$\_\_\_\_. per day Fund No 30 389 306 Org. No. 8 6 3 2 3 3 Not to exceed one day travel plus the duration of the conference 4 Calculate cost of any overtime anticipated as a result of the request (FOR FINANCE OFFICE USE ONLY) **Budgetary Analysis** Budgeted..... Less: Conference Expenses Approved to Date Other Department Requests in Process This Request BALANCE AVAILABLE (DEFICIT) .....

| TO:   | Betty Slinde  |   | Chairman .   |
|---|---|---|--|
|   | Finance Committee   |   | Committee  |
| FROM:   | Frank T. Taylor   |   | Director   |
|   | <b>Macomb County Community Services</b>   | Agency  | Department   |
| DATE:   |   |   |  |
| SUBJECT   | : Conference and Seminar Request  |   | -  |
|   | I herewith request that the followin  | g individuals(s) be au  | thorized to attend the   |
| Transform   | ing School Communities: Voices for St   | udent Health  | Conference/seminar   |
| starting on                                       |   | ding July 1, 2008   | •  |
|   |   |   |  |
|   | NAME  | (   | CLASSIFICATION   |
| Patricia Ra                                       | ijnish  | RN - Health Coo   | ordinator  |
|   |   |   |  |
| (If more ro                                       | om is required, attach separate sheet)  |   |  |
| The benefi  | t to Macomb County from attendance of below:  | of the above-named in   | dividual(s) at the conference/semin  |
| The conferdisability in policies and caring for d |   | arch and findings related to prome latest efforts to prome ill include collaboration ities. A pre-conference omething our program | ated to school nursing practice.  ote health and prevent disease and we practices to support prevention ce session covers the subject of m is now encountering in Head |
| prevention.                                       | Performance Standards require a majo<br>The information from this conference<br>notes professional growth of a Register | will benefit the classro  | health maintenance and poom, families, and program staff.  |
|   |   |   |  |
| Macomb C  | ounty Community Services Agency   | Department Head<br>Department   |  |

Files/conference training request

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

AECEIVE.

| (Submit directly to Board of Comm<br>REQUESTING DEPARTMENT:<br>CONFERENCE TITLE:       | nissioners Office                              | at least one month p                                 | receding th   | he date of the o                       | onferenc     |                                       |
|--|--|--|---------------|--|--------------|---------------------------------------|
| REQUESTING DEPARTMENT:   | Macomb Coun                                    | ity Community Servi                                  | cae Agong     |  | omerene      | APR 0 7 20                            |
|  | GRANT FUN                                      | DED PROGRAMS   | MANAGE        | MENT CON                               | FEDENI       | 200                                   |
| CONFERENCE SPONSORED BY:   | WIPFLI-CPA                                     | ity Community Servi<br>DED PROGRAMS<br>& CONSULTANTS | S             | DIVIDITI CON                           | TEKE!        | FINANCOUNT                            |
| CONFERENCE CLASSIFICATION:   |  | Professional Confer                                  |               | Employee Tra                           |              | FINANCE                               |
| CONFERENCE LOCATION: LAS   | S VEGAS, NEVAL                                 |  |               | Employee 11                            | annig        |                                       |
| TRAVEL BEGINS  | 7/7/08   |  |               |  | 7/11/08      |                                       |
| MONTI  | H DAY YEA                                      | TRAVEI   | ENDS _        |  |              | · · · · · · · · · · · · · · · · · · · |
| NUMBER OF PERSONS ATTENDI  |  | EXPENSE:   | 2 CO          | MONTH<br>MMISSION M                    | DAY<br>EMBER | YEAR                                  |
|  |  |  | ST.           | AFF MEMBER                             | S            |                                       |
| ESTIMATED EXPENSES   | latetististetistetistetistististetis           |  | PE            | R PERSON                               |              | TOTAL                                 |
| REGISTRATION FEES  |  |  |               | •                                      |              | 1011112                               |
| REGISTRATION FEES  | *********************                          | ••••••   | \$            | 750                                    |              | 1,500                                 |
| TRANSPORTATION: COUNT  |  | PERSONAL   | , 51 (        | MILEAGE                                |              | 51                                    |
| VEHICL   | E X AIRPLAN                                    | E X VEHICLE  | ¢             | AIR FARE                               |              | 700                                   |
| 7/7/0<br>LODGING-BEGINS  |  | 7/10/08  | \$            | 600                                    | <del></del>  | 1200                                  |
| Month Day  | ENDS ENDS                                      | Month Day Year                                       | _ <u> </u>    |  |              |                                       |
| MEALS:\$3  |  | Day 1ear   | \$<br>\$      | 155                                    |              | 240                                   |
|  |  |  | 100           |  | •——          | 310<br>100                            |
| MISCELLANEOUS EXPENSES:  | AIRPORT PARKI                                  | NG \$20/DAY  | \$            |  | ·            |                                       |
| SUB TOTAL  | L – CONFERENC                                  | E EXPENSES   | . · \$        |  |              | <del></del>                           |
| PER DIEM:  |  |  |               |  | <del></del>  |                                       |
|  |  |  | · <del></del> |  | \$           |                                       |
| OVERTIME:  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,        | ************   | \$            |  | \$           |                                       |
| TOTAL EST  | IMATED EXPEN                                   | SE   | ę             | 2,006                                  |              | 3,861                                 |
|  |  | 111  |               | <del></del>                            | <del></del>  |                                       |
| SIGNATURE OF DEPARTMENT HE   | EAD  | Trank lay  |               | DAT                                    | Е            |                                       |
| 1 Not to exceed cost of tourist class air f  | are  |  | GRANT         | FUNDED                                 |              |                                       |
| 2 Not to exceed \$ per day   |  | 0  | RG/KEY.       | 30389305 OB                            | J. No. 86    | 322                                   |
| 3 Not to exceed one day travel plus the of 4 Calculate cost of any overtime anticipal. | duration of the con<br>ated as a result of the | REFERICE I   | NO C          | OUNTY                                  | FUI          | 105                                   |
|  |  | _  |               | HEAD STAR                              | 7            | Oth                                   |
|  | (FOR FINAN                                     | CE OFFICE USE  | ONLY)         | ususususususususususususususususususus |              | talalalalalah dalah                   |
|  | Bu   | idgetary Analysis                                    | ·             |  |              |                                       |
| BudgetedLess:  | ••••••   | ***************************************              | ••••••        | ••••••                                 | \$ 4         | 500.                                  |
| Conference Expenses A  | Approved to Date                               | \$ <del>-</del> 0 -                                  |               |  |              |                                       |
| Other Department Req   | uests in Process                               | s <u>-0</u> -  |               |  |              |                                       |
| This Request   |  | \$ 3,861.  |               |  |              |                                       |
| ·  |  |  |               | Sub Total                              | 3            | 861.                                  |
| BALANCE AVAILABLE (DEFICIT)  | ***********                                    | ************************                             | **********    | •••••••                                | 5 maranarah  | 39 Superanous                         |
|  |  |  |               |  |              |                                       |

| TO:                      | Betty Slinde   |   | Chairman  |
|--------------------------|--|---|---|
|                          | Finance Committee  |   | Committee   |
| FROM:                    | Frank T. Taylor  | , , , , , , , , , , , , , , , , , , ,                                     | Director  |
|                          | Macomb County Community Service  | es Agency   | Department  |
| DATE:                    |  |   |   |
| SUBJECT                  | T: Conference and Seminar Request  |   |   |
| CDANTE                   | I herewith request that the following  | ng individuals(s) be au   | thorized to attend the  |
| GRANT                    | FUNDED PROGRAM MANAGEMEN   | NT CONFERENCE   | Conference/seminar  |
| starting o               | n 7/7/08 TO 7/11/08  | · · · · · · · · · · · · · · · · · · ·                                     |   |
|                          | 274240   |   |   |
| 77 A 78'8 8 8 8 7        | NAME   |   | CLASSIFICATION  |
|                          | EEN NICOSIA  | EDUCATION S   | SPECIALIST/PROGRAM ASST.  |
| MADELE                   | EINE OLSZAK  | FISCAL ADMIN  | NISTRATIVE ASSISTANT  |
| The reauti<br>Greater en | fit to Macomb County from attendance below:  horization of Head Start has brought at application and training ddress issues/ideas on operating the product of the process of the process of the process issues/ideas on operating the process is th | oout changes to the re<br>ntability and governan<br>to remain in complian | gulations that govern the program.  the for the program. This  the with Federal Regulations. It |
|                          |  |   |   |
|                          |  | · .   |   |
| Macomb (                 | County Companity Services Agency   | <b>n</b>  | rector-Department Head  |

Files/conference training request

# Macomb County, Michigan

#### Conference/Employee Training Request (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: FRIEND OF THE COURT 24th Annual Referees' Association of RECEIVED Conference Title: Michigan Conference APR 0 2 2008 Sponsored by: Referees' Association of Michigan MACOMB COUNTY Conference Classification: Professional Employee Training FINANCE Conference Location: Stafford's Perry Hotel, Petoskey, Michigan Travel Begins: May 2008 Travel Ends: May 2008 Month Day Year Month Dav Year Number of Persons Attending At County Expense: **Board Members** Staff Members Total 3 ESTIMATED EXPENSES Registration Fees: Per Person Total 150.00 450.00 Transportation:(1) 249.60 748.80 County Airplane Personal Vehicle Vehicle Lodging: Begins: May 2007 Month Ends: 162.00 486.00 Meals:(2)..... 279.00 Miscellaneous:... Subtotal - Conference Expenses.... 1,963.80 Per Diems:(3)... Overtime:(4).... Total Estimated Expenses:.... \$1,963.80 Department Head Signature March 31, 2008 Lynn M. Davidson, Friend of the Court 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 3 Not to exceed one day travel plus duration of the 4 Calculate cost of any overtime anticipated as a result conference of this request (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process

Balance Available (Deficit)

This Request

| To:          | Betty Slinde   |  |                                   |                |
|--------------|--|--|-----------------------------------|----------------|
|              | Finance Committee  |  |                                   |                |
| From:        | Lynn M. Davidson   |  |                                   |                |
|              | Friend of the Court  |  |                                   |                |
| Date:        | March 31, 2008   | ···  |                                   |                |
| Subject:     | Conference and Seminar   | Request  |                                   |                |
|              |  |  |                                   |                |
| I herewith a | request that the following incolors inc | dividual(s) be authorized to attend th                           | e 24th Annual Referees' Associati | on of Michigan |
| I herewith a | request that the following ince/seminar, starting on May   | dividual(s) be authorized to attend the 21, 2008  Classification | e 24th Annual Referees' Associati | on of Michigan |
|              | woodinate, starting on iviay   | 21, 2000   | e 24th Annual Referees' Associati | on of Michigan |
|              | Name Name  | Classification   | e 24th Annual Referees' Associati | on of Michigan |
|              | Name Name  | Classification   | e 24th Annual Referees' Associati | on of Michigan |
| To Be Dete   | Name ermined - 3 Staff   | Classification  Referee  |                                   |                |
| To Be Dete   | Name ermined - 3 Staff   | Classification   |                                   |                |

The Referees' Association of Michigan annually provides continuing legal education for Family Court Referees statewide. The 2008 agenda is tailored to meet the needs of Referees in providing legislation updates affecting the Court in the domestic relations area of the law as well as information on defusing high-conflict divorce, evidence, child support in child welfare cases, and Friend of the Court enforcement. This valuable training will provide timely information necessary for the Friend of the Court Referee staff to continue to stay abreast of developments in domestic relations law. Considering the complex family dynamics and inter-related issues facing Referees in the Family Court, this training opportunity is a very important tool for our County's Referee staff. This seminar is funded, in part, by outside sources and this training seminar represents a significant part of continuing legal education for Referees. The amount requested has been allocated for in the Friend of the Court Budget.

Respectfully submitted,

Unnim. Davidson, Director Friend of the Court Office

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

RECEIVED

| (Submit directly to the Finance Departme    | ent <u>at least</u> two weeks prior             | to the date of the nex | t Finance Commi  | Re@meeting.)  |  |
|---|---|------------------------|------------------|---------------|--|
|   | HEALTH (60108)                                  |                        | MAC              | OMB COUNTY    |  |
| CONFERENCE TITLE:                           | ENVIRONMENTAL PUBLIC                            | C HEALTH LEADERS       | HIP INSTITUTE    | NANCE         |  |
| CONFERENCE SPONSORED BY:                    | CENTERS FOR DISEASE CONTROL                     |                        |                  |               |  |
| CONFERENCE CLASSIFICATION:                  | (circle one) Professiona                        | al Conference          | Employee Trainin | 200           |  |
|   | GRAND CANYON, ARIZON                            |                        | Employee Halling | <u> </u>      |  |
| TRAVEL BEGINS: MAY 5, 2008  Month           | Day Year  | TRAVEL ENDS:           |                  | Day Year      |  |
| NUMBER OF PERSONS ATTENDING:                |   |                        | SSION MEMBER     | •             |  |
| ESTIMATED EXPENSES                          |   | PER PERSO              | N T              | OTAL          |  |
| REGISTRATION FEES                           | •         | \$                     | \$               | 0.00          |  |
| TRANSPORTATION <sup>1</sup> :County Vehicle | AirplanePers                                    |                        | ·                |               |  |
| LODGING: Begins Month Day Ye                | Ends<br>ear Month Day Ye                        | \$                     | \$               | 0.00          |  |
| MEALS <sup>2</sup>                          |   |                        | \$               | 0.00          |  |
| MISCELLANEOUS EXPENSES                      | (Gasoline)                                      | \$                     | \$               | 0.00          |  |
| SUB TOTAL - CONFEREN                        | ICE EXPENSES                                    | \$                     | \$               | 0.00          |  |
| PER DIEM <sup>3</sup>                       | •         | \$                     | \$               | 0.00          |  |
| OVERTIME <sup>4</sup>                       |   | \$                     | \$               | 0.00          |  |
| 22160108 TOTAL ESTIMAT                      | TED EXPENSE                                     | \$                     | \$               | 0.00          |  |
| SIGNATURE OF DEPARTMENT HEAD                | XtOW  | DATE                   | 3/28/68          |               |  |
| 1 Not to exceed cost of tourist class air   |   | DATE                   | 0100/00          | ·             |  |
| 2 Not to exceed authorize per day rate.     |   |                        |                  | $\sim 10$     |  |
| 3 Not to exceed one day travel plus the     | duration of the conference.                     |                        |                  | All           |  |
| 4 Calculate cost of any overtime anticip    | ated as a result of this requi                  | ėst.                   | 05T 70 C         |               |  |
|   |   | No C                   | 001 70 0         | OUNTY         |  |
|   | ance Department Use Önly)<br>Budgetary Analysis |                        |                  |               |  |
| Department Budget                           |   |                        | s 30,4           | <u> 30,00</u> |  |
| Less: Conference Expenses Approved          | to Date \$ 17/7,80                              | 2                      | .•               |               |  |
| Other Department Requests in Pr             | rocess \$                                       | <del></del>            |                  |               |  |
| This Request                                | \$  |                        |                  |               |  |
| _   |   | SUB TOT                | 'AL \$           | 1/7,80        |  |
| Balance Available (Deficit)                 | •         |                        | \$ 28.           | 912,20        |  |

| Elizabeth M. Slinde                                     | , Chairperson   |
|---|---|
| Finance   | , Committee   |
| Thomas J. Kalkofen, M.P.H.                              | , Director/Health Officer   |
| Macomb County Health                                    | Department  |
| March 27, 2008  |   |
| Conference and Seminar Request                          |   |
|   | (s) be authorized to attend the <u>Environmental Public</u> starting on <u>May 5, 2008</u> .  |
| <u>(</u>  | CLASSIFICATION  |
| R. White  | Director, Environmental Health Services   |
|   |   |
|   |   |
|   |   |
| Macomb County from attendance eminar is detailed below: | of the above-named individual(s) at the   |
| nstitute to increase the ability of                     | ugh attendance at the Environmental Public Health the Macomb County Health Department to deliver  |
| submitted,  |   |
| K M   | artment Head  |
|   | Thomas J. Kalkofen, M.P.H.  Macomb County Health  March 27, 2008  Conference and Seminar Request  equest that the following individuals ership Institute conference/seminar seminar seminar is detailed below:  If use the experience gained through the seminar is detailed below: |

Health Department

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

| Submit directly to the Boa   | ırd of Comm                              | issioners O             | ffice at                              | <u>least</u> one      | month pr         | eceding the date                        | e of the con       | fere <b>rce</b> . | C                    | VED              |
|--|--|-------------------------|---------------------------------------|-----------------------|------------------|---|--------------------|-------------------|----------------------|------------------|
| REQUESTING DEPART  | Health                                   |                         |                                       |                       |                  | <b>N</b>                                | AAR 2              | 5 2008            |                      |                  |
| CONFERENCE TITLE:  | 2008 National WIC Association Conference |                         |                                       |                       |                  |   |                    | MACOMB COUNTY     |                      |                  |
| CONFERENCE SPONSO  | National WIC Association                 |                         |                                       |                       |                  |   | FINA               |                   |                      |                  |
| CONFERENCE CLASSIF   | □ Professional Conference     □ Emp      |                         |                                       |                       | Employee         | Training                                |                    | <del></del>       |                      |                  |
| CONFERENCE LOCATION: Minneapolis, MN   |  |                         | · · · · · · · · · · · · · · · · · · · |                       |                  | _                                       |                    |                   |                      |                  |
| TRAVEL BEGINS:   | 05                                       | 25<br>Day               |                                       | 008<br>ear            | T                | RAVEL ENDS:                             |                    | 05                | 29                   | 2008             |
| NUMBER OF PERSONS  | ATTENDIN                                 | G AT COU                | -                                     |                       | 3:1              | COMMIS STAFF M                          | SION MEN<br>EMBERS | Month<br>MBERS    | Day                  | Year             |
| ESTIMATED EXPENSES REGISTRATIONS FEES:   | •  |                         |                                       |                       |                  |   |                    | PERSON            |                      | OTAL             |
| TRANSPORTATION:®   | □ c                                      | County<br>Tehicle       |                                       | Airplane              |                  | Personal<br>Vehicle                     |                    |                   |                      |                  |
| LODGING: Begins  | Month                                    | Day                     | Year                                  | Ends                  | Month            | Day Year                                | \$                 |                   |                      |                  |
| MEALS:®  | • • • • • • • • • • •                    | · · · · · · · · · · · · |                                       |                       |                  | Day Tear                                | _                  |                   |                      |                  |
| MISCELLANEOUS EXPE   |  |                         |                                       |                       | , , , , , , , ,  | * | <b>Φ</b>           |                   |                      |                  |
|  |  |                         | _                                     | AL CO                 | NEEREN           | CE EXPENSES                             | »                  | <del></del>       |                      |                  |
| PER DIEM:™   |  |                         |                                       |                       |                  | CE EXPENSES                             |                    | <del></del>       |                      | 150.00           |
|  |  |                         |                                       |                       |                  | ***********                             | · ———              | <del></del>       | _ \$                 |                  |
|  |  |                         | _                                     |                       |                  | ED EXPENSE                              |                    | <u> </u>          | - \$                 |                  |
| SIGNATURE OF DEPART  | MENT HEA                                 | .D                      | <u></u>                               | th (                  | )K               | LED EXPENSE                             | : \$               | DATE              | - \$ <u>-</u><br>3/1 | 150.00           |
| ® Not to exceed cost of © Not to exceed \$31.0  ™ Not to exceed one do ∑ Calculate cost of any | 0 (effective 1<br>ay travel plus         | 10-01-06) p             | on of th                              | e confere             | nce.<br>request. |   | 88                 | Fund/O            | e Gr                 | 21960116<br>201  |
| BUDGETED:  |  |                         | (For I                                | Finance Off<br>SETARY | ice Use Onl      | y)<br>SIS                               |                    |                   |                      |                  |
| LESS: Conference exper<br>Other department<br>This request                                     | nsed approve<br>requests in p            | ed to date<br>process   | \$ <u>/</u><br>\$ _                   | 851.<br>150           | 54               | • | ••••••             | • • • • • • • • • | \$ <u>13,</u>        | 45 1.00          |
| BALANCE AVAILABLE (I   | DEFICIT):                                |                         |                                       |                       |                  |   | SUE                | TOTAL:            | \$ 20                | 001.GH<br>955.46 |
| (1-186)  | ,  |                         |                                       | • • • • • • •         | • • • • • • • •  | • • • • • • • • • • • • •               |                    | • • • • • • •     | \$41,7               | <u> </u>         |

|   | Betty Slinde  | , Chairperson  |
|---|---|--|
|   | Finance   | , Committee  |
| FROM:   | Thomas J. Kalkofen  | , Director/Health Officer  |
|   | Macomb County Health  | , Department   |
| DATE:   | 03-06-08  |  |
| SUBJECT:  | Conference and Seminar Request  |  |
| I hearewith   | request that the following individual(s) b  | e authorized to attend the 2008 National WIC Association Conference  |
| conferen  | ice / Seminar starting on May 25, 2   | 2008   |
|   | NAME  | CLASSIFICATION   |
| Martha Jarv   | is  | Program Manager  |
|   | (If more ro   | pom is required, attach a separate sheet)  |
| The Macom<br>Conference,<br>Community<br>national con   | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans   | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scho  |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000<br>agencies, 2,0<br>program cor   | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do local WIC agencies, and 109,000 Wasists of distinguished national speakers.  | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this   |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,0<br>program cor<br>education, co                                 | ab County Health Department has beer taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do local WIC agencies, and 109,000 Vasists of distinguished national speakers community healthcare, program integrity,  | n awarded one (1) scholorship to attend the 2008 National WIC Asses, MN. The scholorship is being provided by the Michigan Department of the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 states WIC clinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development in   |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,<br>program cor<br>education, con<br>Actual cost to<br>projected. | ab County Health Department has beer taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do local WIC agencies, and 109,000 Vasists of distinguished national speakers community healthcare, program integrity,  | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 staward Colinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development, not technology, vendor relations, and future directions for the WIC Program. |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,<br>program cor<br>education, con<br>Actual cost to<br>projected. | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do local WIC agencies, and 109,000 Wasists of distinguished national speakers community healthcare, program integrity, to the WIC Program grant should be min                         | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 staward Colinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development, not technology, vendor relations, and future directions for the WIC Program. |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,<br>program cor<br>education, con<br>Actual cost to<br>projected. | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do local WIC agencies, and 109,000 Wasists of distinguished national speakers community healthcare, program integrity, to the WIC Program grant should be min                         | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 staward Colinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development, not technology, vendor relations, and future directions for the WIC Program. |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,<br>program cor<br>education, con<br>Actual cost to<br>projected. | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do 000 local WIC agencies, and 109,000 Wasists of distinguished national speakers community healthcare, program integrity, to the WIC Program grant should be min 6 federally funded. | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 staward Colinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development, not technology, vendor relations, and future directions for the WIC Program. |
| The Macom<br>Conference,<br>Community<br>national con<br>Over 1,000 agencies, 2,<br>program cor<br>education, co<br>Actual cost of<br>projected.  | ab County Health Department has been taking place this year in Minneapolis Health WIC Division and provides a rar ference. Air transportation, ground trans WIC community members who are key do 000 local WIC agencies, and 109,000 Wasists of distinguished national speakers community healthcare, program integrity, to the WIC Program grant should be min 6 federally funded. | ne above-named individual(s) at the conference/seminar is detailed below:  n awarded one (1) scholorship to attend the 2008 National WIC Asso, MN. The scholorship is being provided by the Michigan Departre opportunity for the WIC Coordinator (Program Manager) to attend this sportation, registration fees, lodging and meals are all covered by the scholecision-makers representing the US Department of Agriculture, the 87 staward Colinics from the nation are expected to attend the 2008 Conference and presenters covering topices in management, personal development, not technology, vendor relations, and future directions for the WIC Program. |

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

| (Submit directly to Board of Commissioners Office at least one month p   | _   |                           |                  | e.)          |
|--|---|---------------------------|------------------|--------------|
| REQUESTING DEPARTMENT: Information Technology  | <u> </u>                                      |                           |                  |              |
| CONFERENCE TITLE: Citrix Presentation Server 4.5: Administration   | <del></del>                                   |                           | APR 0 S          | 2008         |
| CONFERENCE SPONSORED BY: CDW Berbee  CONFERENCE CLASSIFICATION: Employee training  |   | MACCASE COUNTY<br>FINANCE |                  |              |
| CONFERENCE LOCATION: 14115 Farmington Road, Livonia, MI 48154  |   |                           |                  |              |
| TRAVEL BEGINS May 5 2008 Month Day Year  | ENDS  | <u>May</u><br>Month       | 9<br>Day         | 2008<br>Year |
| NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: COMMI   |   | EMBERS                    |                  |              |
| ESTIMATED EXPENSES FUNDING: 681-20401-95901  | PER PER                                       | RSON                      | ТОТ              | AL           |
| REGISTRATION FEES  | \$ <u>2</u> ,                                 | 900.00                    | \$ <u>5,800.</u> | <u>00</u>    |
| TRANSPORTATION: xx County  | \$  | .00                       | \$ <u> </u>      | <u>00</u>    |
| LODGING-Begins Ends Month Day Year Month Day Year  | <sub>\$</sub>                                 | 00_                       | \$               | .00          |
| MEALS XX   | \$  | .00_                      | \$               | <u>.00</u>   |
| MISCELLANEOUS EXPENSES (Airport Parking)   | \$  | <u>.</u>                  | \$               |              |
| SUB TOTAL - CONFERENCE EXPENSES  |   |                           |                  |              |
| PER DIEM   | \$  | .00                       | \$               | .00          |
| OVERTIME   |   |                           |                  |              |
| TOTAL ESTIMATED EXPENSE  | \$ <u> </u>                                   | <u>2,900.00</u>           | \$ <u>5,800</u>  | <u>.00</u>   |
| SIGNATURE OF DEPARTMENT HEAD   |   | DATE                      | 04/03/200        | <u>08</u>    |
| <ul> <li>□ Not to exceed cost of tourist class air fere.</li> <li>□ Not to exceed \$31.00 (effective 10-01-04) per day.</li> <li>□ Not to exceed one day travel plus the duration of the conference</li> <li>□ Calculate cost of any overtime anticipated as a result of this request</li> </ul> | :   | 84/2/01                   | 3                | qu'i         |
| (FOR FINANCE OFFICE USE ONLY) Budgeted   | 2   | 6812040                   | 01   9590        | MAINT FUND   |
| Less: Conference Expenses Approved to Date \$  |   |                           |                  |              |
| Other Department Requests in Process \$  |   |                           |                  |              |
| This Request \$ 5,800  | <u>2.                                    </u> |                           |                  | <b>-</b>     |
| BALANCE AVAILABLE (DEFICIT)(1-186)   |   | SUB TOTAL                 | \$\$             | 200.         |

| TO:                                       | Betty Slinde , Chairperson  |  |
|---|---|--|
| 10.                                       | Finance , Committee   |  |
| EDOM:                                     |   |  |
| FROM:                                     | Cyntia N. Zerkowski   |  |
|   | <u>Information Technology</u> , Department  |  |
|   | April 2, 2008   |  |
| SUBJE                                     | CT: Conference & Seminar Request  | <del></del>  |
|   | I here with request that the following indiv  | idual(s) be authorized to travel to Livonia, $\overline{\text{MI}}$ , for the purpose of   |
| particip                                  | pating in the <u>Citrix Presentation Server 4.5 Adr</u>   | <u>ninistration</u> on <u>May 5 – 9, 2008.</u>   |
|   | NAME  | CLASSIFICATION   |
| Vern R                                    | ichardson   | PC/Network Support Specialist  |
| David F                                   | Palmer  | PC/Network Support Specialist  |
|   |   |  |
|   |   |  |
| CTX-:<br>Citrix<br>comp<br>Learn<br>serve | Presentation Server 4.5. This 5-day course conents, including Web Interface, Secure Gatew ers receive in-depth training using the Citrix Ac | tration provides the necessary foundation to deploy and administer covers installing and administration of Presentation Server and its ay, Installation Manager, Load Manager and application streaming.  ccess Management Console to configure server farm and individual cree provides training for managing, implementing and deploying the |
|   |   |  |

Respectfully submitted,

\_Department Head Department

Information Technology Departmen

# A0050

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

| (Submit directly to Board of Commissioners Office at least one mon date of the conference.   | th preceding the                |
|--|---------------------------------|
| REQUESTING DEPARTMENT: Martha T. Berry, MCF  | a Blace for large a Maria pant. |
| CONFERENCE TITLE: 2008 Spring Management Conference  | APR 1 0 2008                    |
| CONFERENCE SPONSORED BY: MI County Medical Care Facilities Council   | MACOMB CODINTY<br>FINANCE       |
| CONFERENCE CLASSIFICATION: (circle one) Professional Conference  | Employee Training               |
| CONFERENCE LOCATION: Harbor Springs, MI  |                                 |
| TRAVEL BEGINS $05$ $19$ $08$ TRAVEL ENDS $05$ Month  | 22 08 Day Year                  |
| NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: 0 COMMISSION MEDICAL STAFF MEMBERS  | MBERS                           |
| ESTIMATED EXPENSES PER PER   | SON TOTAL                       |
| REGISTRATION FEES  | \$ 300.00                       |
| TRANSPORTATION: County Personal vehicle \$   | <u> </u>                        |
| LODGING-BEGINS: 05 19 08 Ends 05 22 08 \$ 296.70  Month Day Year Month Day Year  | \$ 593.40                       |
| <b>MEALS:</b>  | <b>\$</b> 30.00                 |
| MISCELLANEOUS EXPENSES:  | \$                              |
| SUB TOTAL - CONFERENCE EXPENSES \$ 461.70  | \$ 923.40                       |
| PER DIEM:  | <u> </u>                        |
| <b>4</b> OVERTIME:   | \$                              |
| TOTAL ESTIMATED EXPENSE \$ 461.70  | \$ 923.40                       |
| SIGNATURE OF DEPARTMENT HEAD JASEPHEN SAVELLEN.  | <b>DATE</b> 04-08-08            |
| Not to exceed cost of tourist class air fare  Not to exceed \$ per day  Not to exceed one day travel plus the duration of the conference  Calculate cost of any overtime anticipated as a result of the re | 29167/01   83001 Hequest 95601  |
| (FOR FINANCE OFFICE USE ONLY)  Budgetary Analysis  Budgeted  | \$ <u>11,768</u> .              |
| Conference Expenses Approved to Date \$ $1386$ ,   |                                 |
| Other Department Requests in Process \$  | •                               |
| This Request \$ 923,   | Total \$ 2,309,                 |
| BALANCE AVAILABLE (DEFICIT)  | 0.400                           |

| TO:       | Commissioner B. Slinde                             | , Chairman                                      |
|-----------|--|---|
| ÷ .       | Finance Committee                                  | , Committee                                     |
| FROM:     | Josephine Savalle-Dunn, Administ                   |   |
|           | Martha T. Berry, MCF                               | , Department                                    |
| DATE:     | April 8, 2008                                      | _ <del></del>                                   |
| SUBJECT:  | Conference & Seminar Request                       |   |
|           | I herewith request that the follow                 | owing individual(s) be authorized to attend the |
|           | 2008 Spring Management                             | conference/seminar                              |
| starting  | on May 19, , 2008.                                 |   |
| NAME      |  | CLASSIFICATION                                  |
| Josephine | e Savalle-Dunn                                     | Administrator                                   |
| Laura Bru | ındirks  | Director of Nursing                             |
|           |  |   |
| -         | e/seminar is detailed below:  personal development |   |
|           | skill improvement to better their                  | r ich performance                               |
|           | Keep current in their profession                   | 1 Job performance                               |
|           | meet the state continuing education                | on requirements                                 |
|           | network.   | -   |
| Thank     | you for your consideration.                        |   |
|           |  |   |
| ·         |  |   |
| <u> </u>  |  |   |
|           |  | **  |

Respectfully submitted,

Martha T. Berry, MCF Department Head

### MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

| 4  | MACOMB COUNTY   | 0 > - > -                      |
|--|---|--------------------------------|
| <b>ન</b>   | CONFERENCE/EMPLOYEE TRAINING REQUEST  | 30873179                       |
| (Submit directly to Boa date of the conference.                                    | ard of Commissioners Office at least one  | month preceding the            |
| REQUESTING DEPARTMENT:   | MSUZ - 44   | APR 0 2 2008                   |
| CONFERENCE TITLE:  | Spring Conference 4-H   | MACOMB COUNTY                  |
| CONFERENCE SPONSORED BY  |   | FINANCE                        |
| CONFERENCE CLASSIFICATION  | ON: (circle one) Professional Conference  | Employee Training              |
| CONFERENCE LOCATION:   | Kettonen Center- Tustin   |                                |
| TRAVEL BEGINS Wes Month  | April 30 7008 TRAVEL ENDS MONTH   | Z Zuo 8<br>Day Year            |
| NUMBER OF PERSONS ATTEND   | OING AT COUNTY EXPENSE: COMMISSION  STAFF MEMBE   |                                |
| ESTIMATED EXPENSES   | PER P   | ERSON TOTAL                    |
| REGISTRATION FEES  |   | 5 \$ 740                       |
|  | unty hicle Airplane Vehicle \$  | s 300                          |
| LODGING-BEGINS:  | Ends \$   | s 0                            |
| Month 2  | Day Year Month Day Year   | ·                              |
| MEALS:   | •   | \$ Ø                           |
| MISCELLANEOUS EXPENSES:  | · · · · · ·   | \$ \$                          |
| 3  | FAL - CONFERENCE EXPENSES \$  | <u> </u>                       |
| PER DIEM:  | · · · · · · · · · · · · · · · ·   | \$ Ø                           |
| OVERTIME:  |   | \$_8                           |
|  | ESTIMATED EXPENSE   | <u> </u>                       |
| SIGNATURE OF DEPARTMENT H  | EAD Marilyn Rudzinski   | DATE 4/1/08                    |
| Not to exceed cost of Not to exceed \$ Not to exceed one day Calculate cost of any | tourist class air fare per day travel plus the duration of the conference overtime anticipated as a result of the | ce request ben youth Developen |
| Budgeted   |   | \$ 2,000,                      |
|  | ses Approved to Date \$ 195   | -                              |
|  | Requests in Process \$ -0-  |                                |
| This Request   | \$ 1,040.   |                                |
| BALANCE AVAILABLE (DEFICIT   | Sub   | Total \$ /235,                 |

| TO: Betty Slinde   | , Chairman  |
|--|---|
| Finance  | , Committee                                       |
| FROM: Marilyn Ruozinski  |   |
| MSUE   | , Department                                      |
| DATE: 3-31-08  | <del></del>                                       |
| SUBJECT: Conference & Seminar Request  |   |
| I herewith request that the fo   | llowing individual(s) be authorized to attend the |
| 4-H Spring   | conference/seminar                                |
| starting on April 30, 20 00  |   |
| NAME<br>KAthy Jamieson   | CLASSIFICATION 4-H Extension Flourator            |
| Tira Fleming<br>Karen Hakim  | Program educator                                  |
| Kapen Hakim  | Programeoucator                                   |
| Ruchel Calcaterna (If more room is required, attach separat                  | Mentor Eorcators                                  |
| The 4-H Spring " (on Fe<br>to Stay current on new<br>With 4-H Staff Across 4 | ne State and participate                          |
| in Strategic planning t  | for stropp working with youth                     |
|  |   |
|  |   |
|  | *   |
|  |   |
|  |   |
|  |   |
| Respectfully submitted,  |   |
| Marilyn Roozinski Mepartmen  | t Head  |
| MSUE Departmen   |   |

\$742

## MACOMB COUNTY

CONFERENCE/EMPLOYEE TRAINING REQUEST

| (Submit directly to Boa date of the conference.                                    | rd of Commissioners Off                 | fice <u>at least</u> or                             |  |  |
|--|---|---|--|--|
| REQUESTING DEPARTMENT:   | MSU Extension - 4C                      |   |  | ECENTE                                   |
| CONFERENCE TITLE:  | Michigan 4C Retreat -                   | 2008  | · · · · · · · · · · · · · · · · · · ·                    | APR 0 3 2008                             |
| CONFERENCE SPONSORED BY:   | Michigan 4C Associat                    | ion   |  | MACOME COUNTY                            |
| CONFERENCE CLASSIFICATION  | N: (circle one) Profes                  | sional Conferen                                     |  | Training                                 |
| CONFERENCE LOCATION:   | Holiday Inn West, La                    | nsing, Mi   | ···  |  |
| TRAVEL BEGINS May Month  | 05 2008 T                               | RAVEL ENDS May                                      | <del></del>  | 2008<br>Year                             |
| NUMBER OF PERSONS ATTEND   | ,                                       |   | ON MEMBERS   |  |
| ESTIMATED EXPENSES   |   | PE  | R PERSON   | TOTAL                                    |
| REGISTRATION FEES  | • • • • • • • • • • •                   | \$  | <b>.</b>   |  |
| l l  | unty                                    | Personal  | 5.00   | 102.00                                   |
| **Two personal vehic   | hicle Airplane les @ approximate 200 m  | vehicle \$ $\frac{9}{10}$ vehicle \$ $\frac{9}{10}$ | mile = 192.0   | 192.00                                   |
| LODGING-BEGINS: 05 Month   | 05 08 Ends 05  Day Year Month           | <del></del>   | <del>4.00</del> \$                                       | 270.00                                   |
| ②<br>MEALS:  | _                                       |   |  |  |
| ncludes \$45 per person du<br>ne way to the retreat the<br>MISCELLANEOUS EXPENSES: | ring 2-day retreat on pl                | us additional \$                                    | 5.00 ** \$<br>the per person to the end of the series \$ | 280.00<br>n for dinner on<br>ne retreat. |
| SUB TO   | TAL - CONFERENCE EXPENS                 | SES \$  | <u> </u>   | 742.00                                   |
| PER DIEM:  | • | <u> </u>  | \$   |  |
| OVERTIME:  | • | \$  | \$   |  |
| TOTAL 1  | ESTIMATED EXPENSE                       | \$  | \$   | 742.00                                   |
| SIGNATURE OF DEPARTMENT H  | EAD Marilyn Bi                          | edzmake   | DATE   | 4/1/08                                   |
| 1 Not to exceed cost of  | tourist class air fare                  |   |  | Mo                                       |
| 2 Not to exceed \$ . 3 Not to exceed one day                                       |   | on of the confe                                     | rence <i>ACAL</i>  | . 400 1                                  |
| 4 Calculate cost of any  | cravel plus the durati                  | s a result of t                                     | he reguest<br>309-73/20                                  | 186300                                   |
|  | (FOR FINANCE OFFICE Budgetary Anal      | USE ONLY)   | 309-73/42  | 186300                                   |
| Budgeted   | • • • • • • • • • • •                   | • • • • • • • • •                                   | \$_  | 742.                                     |
| Conference Expen   | ses Approved to Date \$                 | - O -   |  |  |
| Other Department   | Requests in Process \$                  | -0-   |  |  |
| This Request   | \$_                                     | 742.  | Cub mak-1 A  | 742                                      |
| BALANCE AVAILABLE (DEFICI  | T)                                      | • • • • • •   | Sub Total \$_  | 100.                                     |
|  |   |   | \$<br>=  | -0-                                      |

| TO:        | Betty Slinde                             | , Chairman   |
|------------|--|--|
|            | Finance                                  | , Committee  |
| FROM:      | Marilyn Rudzinski                        | PRINCE And refer to some or  |
|            | MSU Extension                            | , Department   |
| DATE:      | 4/1/08                                   | <del></del>  |
| SUBJECT:   | Conference & Seminar Request             |  |
|            | I herewith request that the foll         | owing individual(s) be authorized to attend the  |
| Michiga    | an 4C Retreat - 2008                     | conference/seminar   |
| starting   | on <u>May 5</u> , 20 <u>08</u> .         |  |
| NAME       |  | CLASSIFICATION   |
| Mary From  | atiero                                   | Coordinator II   |
| Veronica   | Hart                                     | Educator II  |
| Donna LeF  | Roy<br>room is required, attach separate | Educator II  |
|            |  |  |
| сотріга    | ince and will create a statewide .       | ing retreat, our program will be in contract<br>standard for Resource/Referral and Professional<br>wing for increased quality of services. |
| <u>.</u>   |  |  |
| Respectful | ly submitted,                            |  |

Marelyn Buohinski \_Department Head Department

MACOMB COUNTY

30973162

COOPERENCE/EMPLOYEE TRAINING REQUEST

(Submit directly to Board of Commissioners Office at least one month preceding the date of the conference. MACOMB MSUE-4H REQUESTING DEPARTMENT: CONFERENCE TITLE: 2 DAY MULTICULTURAL SELF-AWARENESS WORKSHOP CONFERENCE SPONSORED BY: MSU DIVERSITY AND MULTICULTURAL DEPT. CONFERENCE CLASSIFICATION: (circle one) Professional Conference) Employee Training CONFERENCE LOCATION: MSU UNION, EAST LANSING, MI Year TRAVEL ENDS 6 TRAVEL BEGINS NUMBER OF PERSONS ATTENDING AT COUNTY EXPENSE: COMMISSION MEMBERS STAFF MEMBERS ESTIMATED EXPENSES PER PERSON TOTAL REGISTRATION FEES . · · · · \$ 40 County | BLm.les | Personal | Vehicle \$ TRANSPORTATION: LODGING-BEGINS: 
 06
 4 08
 Ends
 06
 5
 08
 \$

 Month
 Day
 Year
 Month
 Day
 Year
 MISCELLANEOUS EXPENSES: . APR 1 5 2008 SUB TOTAL - CONFERENCE EXPENSES . . . . \$ PER DIEM: . OVERTIME: . TOTAL ESTIMATED EXPENSE . . SIGNATURE OF DEPARTMENT HEAD Marily 1 Not to exceed cost of tourist class dir fare 2 Not to exceed \$ \_\_\_\_ per day 3 Not to exceed one day travel plus the duration of the request frant-Terms
4 Calculate cost of any overtime anticipated as a result of the request frant-Terms

Mentour 3 Not to exceed one day travel plus the duration of the conference **Budgetary Analysis** Budgeted . Less: Conference Expenses Approved to Date \$ Other Department Requests in Process \$ This Request Sub Total \$ 244.

BALANCE AVAILABLE (DEFICIT) . . . . .

| TO:       | Betty Slinde, Chairman   |
|-----------|--|
|           | Finance, Committee   |
| FROM:     | Marilyn Rudzinski  |
|           | MSUE, Department   |
| DATE:     | 4-13-08  |
|           | Conference & Seminar Request   |
| OODOLGI,  | I herewith request that the following individual(s) be authorized to attend the                            |
| 2 544     |  |
|           | on June 4, 2008.   |
|           |  |
| NAME      | CLASSIFICATION   |
| Beul      | BROWN AKABEE 4-H PROGRAM EDUCATOR  |
|           |  |
| (If more  | room is required, attach separate sheet)   |
|           | fit to Macomb County from attendance of the above-named individual(s) at the ce/seminar is detailed below: |
| <u></u>   |  |
|           |  |
|           | TO ENHANCE MY UNDERSTANDING APPRECIATION AND   |
|           | ACCEPTANCE OF JIVERSITY IN THE TARGETED POPULATIONS  |
|           | THAT I SERVE AS A 4-H PROGRAM EDUCATOR.  |
|           |  |
| Š.        | OUR SOCIETY AND LEARN TECHNIQUES TO BE   |
|           | AN AGENT OF POJITIVE CHANGE AND IN (LUJIVE NESS) AS IT RELATES TO WORK-RELATED SCENARIOS.                  |
|           |  |
|           |  |
|           |  |
| in        |  |
|           |  |
|           |  |
| Respectfu | ally submitted.  |

Respectfully submitted,

Marelyn Rudynski Department Head

MSUE

Department

# MACOMB COUNTY CONFERENCE/EMPLOYEE TRAINING REQUEST

CONFERENCE/EMPLOYEE TRAINING REQUEST

(Submit directly to Board of Commissioners Office at least one month preceding the

| the d  | late of the o   | conferenc                | e.)                                    |          |                    |                         | TOUBL O    | re month I                             |            | <b>ing th∈</b> 0 8 2008 |
|--|---|--------------------------|--|----------|--------------------|-------------------------|------------|--|------------|-------------------------|
| REQUESTING DEPARTMENT: Planning & Economic Development |   |                          |  |          |                    |                         |            |  | VIB COUNTY |                         |
| CONFE  | RENCE TITLE:  |                          | Michigan SBTDC Network Meeting         |          |                    |                         |            |  |            | ENANCE                  |
| CONFE  | RENCE SPONS   | ORED BY:                 | Michigan S                             | Small Bu | siness & 7         | echnology [             | Developmer | nt Center (SB                          |            |                         |
| CONFE  | RENCE CLASSII   | FICATION:                | (circle                                | one)     | Profes             | sional Co               | onferenc   | e Employ                               | ee Tra     | aining                  |
| CONFE  | CONFERENCE LOCATION: Grand Rapids, Michigan                   |                          |  |          |                    |                         |            |  |            |                         |
| TRAVE  | L BEGINS:   | 5                        | 15                                     |          | 2008               | _Travel End             | ds         | 5                                      | 16         | 2008                    |
| AUJAADE  | ER OF REPOONS   | Month                    | Day                                    |          | Year               | <b>-</b>                |            | onth Da                                | -          | Year                    |
| NOWIDE   | R OF PERSONS  | ATTENDING                | AT COUN                                | TY EXP   | ENSE:              | 0 4                     |            | IISSION MEM<br>MEMBERS                 | BERS       |                         |
|  | TED EXPENSES  |                          | <u>-</u> .                             | -        |                    |                         | PE         | R PERSON                               | TC         | TAL                     |
| REGIST   | RATIONS FEES  |                          |  |          |                    |                         | \$         | 100.00                                 | \$         | 400.00                  |
| TRANSI   | PORTATION:  | County<br>Vehicle        |  | Airplane | [                  | Personal Vehicle        | \$         | 10.00                                  | \$         | 40.00                   |
| LODGIN   | IG: Begins  | May<br>Month/            | / 15, 2008<br>Day/Year                 | Ends_    |                    | y 16, 2008<br>/Day/Year | \$         | -                                      | \$         | -                       |
| MEALS  |   |                          | _                                      |          |                    | •                       | Φ.         |  |            |                         |
| MISCEL   | LANEOUS EXPE  |                          |  |          |                    |                         | \$         | ······································ | \$         | 240.00                  |
|  |   | TAL - CONFI              |  |          |                    |                         | \$         |  | \$         | 80.00                   |
| PER DIE  | 3   |                          |  |          |                    |                         | \$         | 190.00                                 | \$         | 760.00                  |
|  | 4   | • • • • • • • • •        |  |          | • • • • • •        |                         | \$         |  | \$         | <u> </u>                |
| OVERTI   |   |                          |  | 1        |                    |                         | \$         |  | \$         |                         |
|  |   | ESTIMATED                |  | <i>M</i> |                    | ·····                   | \$         | 190.00                                 | \$         | 760.00                  |
| SIGNAT   | JRE OF DEPART   | MENT HEAD                | ·                                      | 112-     |                    |                         |            | DATE                                   |            | 4/7/2008                |
| <ul><li>2 Not</li><li>3 Not</li></ul>                  | to exceed co<br>to exceed \$<br>to exceed on<br>culate cost o | 15 per day<br>e day trav | 7<br>7el plus                          | the du   | ration o           | of the cor              | this re    | / /                                    |            | Planning-<br>BTDC       |
|  |   | (                        | FOR FINAL                              |          | FICE USE<br>Analys | •                       | 361/       | 80130/523                              | 300 S      | 87DC                    |
| Budgeted<br>Less:                                      |   |                          |  |          |                    |                         |            |  | \$         | 2500.                   |
|  | Conference Expen  | ses Approved             | to Date                                | \$       |                    | 0-                      |            |  |            | <del>/</del>            |
|  | Other Department  | Requests in P            | rocess                                 | \$       |                    | 7) -                    |            |  |            |                         |
|  | This Request  |                          |  | \$       | フ                  | 60.                     |            |  |            |                         |
| BALANCE A  | VAII ARI E (DEELOIT)  |                          |  |          |                    |                         | SU         | B TOTAL                                | \$         | 760,                    |
|  | VAILABLE (DEFICIT)  |                          | · •• • • • • • • • • • • • • • • • • • |          |                    |                         |            |  | \$         | 140,                    |

| TO:   | Elizabeth Slinde   |   | , Chairman   |  |  |  |
|---|--|---|--|--|--|--|
|   | Finance  |   | , Committee ·  |  |  |  |
| FROM:   | Stephen N. Cassin  |   |  |  |  |  |
|   | Planning & Economic Development  |   | •  |  |  |  |
|   | April 7, 2008  |   | ,  |  |  |  |
| DAIL.   | month/date/year  |   |  |  |  |  |
| SUBJECT: Conference &   | Comingr Boguest  |   |  |  |  |  |
| SUBJECT. Conterence &   | Seminar nequest  |   |  |  |  |  |
| I herewith  | n request that the following inc   | dividual (  | s) be authorized to attend the   |  |  |  |
| Micl  | higan SBTDC Network Meeting  |   | conference/seminar   |  |  |  |
| starting on   | May 15, 2008   | •   |  |  |  |  |
|   | month/date/year  |   |  |  |  |  |
|   |  | 01.4001771  | 24-124   |  |  |  |
| <u>NAME</u>   |  | CLASSIFIC   | CATION   |  |  |  |
| Susan Bates   |  | Account Cl  | erk IV   |  |  |  |
| auren Royston   |  | Senior Plan   | nner   |  |  |  |
| isa Hunter  |  |   | ounseling Aide   |  |  |  |
| Bob Madigan   | to the same of the | Business C  | ounselor   |  |  |  |
| persons intere<br>counseling, as<br>Meeting at wh<br>Leadership As<br>awards being<br>Susan E<br>Bob Mad<br>Linda G | County Small Business & Technology Development of the starting or expanding businesses. It is well as sponsoring seminars and worksholich staff receives professional development wards are presented. This year, Macomb Coupresented:  Bates - 2007 Intake/Administrative Personn digan - 2007 Business Counselor of the Yeary - 2007 Partner of the Year (Ms. Geary uals will be formally recognized at an Award   | The Macombops. The Micont training. In County's SBT el of the Year ar | o SBTDC provides free, confidential higan SBTDC hosts a Spring Network addition, Recognition of Excellence DC program won three of the seven or volunteers her time to our program.) |  |  |  |
|   |  |   |  |  |  |  |
| •   |  |   |  |  |  |  |
| lespectfully/submitted,   | (  | ,   |  |  |  |  |

Planning & Economic Development Department

#### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: Risk Management & Safety Conference Title: The 2008 MSIA Spring Conference APR 0 8 2008 Sponsored by: The Michigan Self-Insurers' Association MACOMB COUNTY Conference Classification: **Professional** Employee Training **FINANCE** Conference Location: Acme, MI Travel Begins: Travel Fnds: 2008 30 Month Dav Year Number of Persons Attending At County Expense: **Board Members** Staff Members Total **ESTIMATED EXPENSES** Per Person Total Registration Fees: 200.00 200.00 Transportation:(1) 230.88 230.88 County Airplane Personal Vehicle Vehicle Lodging: Begins: Month Dav Year \$159.00/ Ends: 30 night 318.00 318.00 Month Dav Meals:(2)..... 31.00 31.00 Miscellaneous: 25.00 25.00 Subtotal - Conference Expenses..... 804.88 Per Diems:(3)..... Overtime:(4)..... Total Estimated Expenses: \$804.88 804.88 Department Head Signature Date April 7, 2008 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 3 Not to exceed one day travel plus duration of the 4 Calculate cost of any overtime, anticipated as a result conference of this request 101122401195901 (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process This Request

Balance Available (Deficit)

|  | _  |   |
|--|--|---|
| Finance Committee  | <del></del>  |   |
| John P. Anderson, Director   | _  |   |
| Risk Management  | -  |   |
| 4-7-08   | <del>-</del>   |   |
| Conference and Seminar Req   | uest   |   |
| equest that the following individu<br>seminar, starting on 5-28-08 | ual(s) be authorized to attend the   | The 2008 MSIA Spring Conference   |
| Name   | Classification   | _   |
| son  | Director   | -   |
|  |  | -   |
|  |  |   |
|  |  |   |
| to macomb County from attende                                      | ance of the above-named individu   | al(s) at this conference/seminar is detailed below:   |
| in Self-Insured Association Spri                                   | ng Conference is the largest gathe   | ering of public entity self-insurers in Michigan.   |
|  | John P. Anderson, Director  Risk Management  4-7-08  Conference and Seminar Request that the following individuate seminar, starting on 5-28-08  Name  To macomb County from attended to macomb County from attended to Michigan Designate for Macon Self-Insured Association Spri | John P. Anderson, Director  Risk Management  4-7-08  Conference and Seminar Request  equest that the following individual(s) be authorized to attend the seminar, starting on 5-28-08  Name  Classification |

Respectfully submitted,

John Anderson, Director

Risk Mgmt Department

#### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: Risk Management & Safety Conference Title: PRIMA 29th Annual Conference APR 0 8 2008 Sponsored by: Public Risk Management Association MACOME COUNTY Conference Classification: **Professional** Employee Training FINANCE Conference Location: Anaheim, CA Travel Begins: Travel Ends: 6 2008 Month Year Number of Persons Attending At County Expense: **Board Members** Staff Members 1 Total **ESTIMATED EXPENSES** Per Person Total Registration Fees: Transportation:(1) 344.00 344.00 County Airplane Personal Vehicle Vehicle Lodging: Begins: 2008 Month Year \$194.35 / night 2008 Ends: 583.05 583.05 Month Day Meals:(2). 93.00 93.00 Miscellaneous: 100.00 100.00 Subtotal - Conference Expenses..... 1,120.05 1,120.05 Per Diems:(3).... Overtime:(4)..... Total Estimated Expenses: \$ 1,120.05 \$1,120.05 Date Department Head Signature April 7, 2008 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 4 Calculate cost of any overtime anticipated as a result 3 Not to exceed one day travel plus duration of the conference of this request 10122401 (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process This Request Balance Available (Deficit)

| To:           | Betty Slinde  | -                                  |   |
|---------------|---|------------------------------------|---|
|               | Finance Committee   | -                                  |   |
| From:         | John P. Anderson  | -                                  |   |
|               | Risk Management & Safety                                      | -                                  |   |
| Date:         | 4-7-08  | -                                  |   |
| Subject:      | Conference and Seminar Requ                                   | uest                               |   |
|               | equest that the following individuseminar, starting on 6-2-08 | ual(s) be authorized to attend the | PRIMA 29th Annual Conference  |
|               | Name  | Classification                     | _   |
| John P. And   | erson   | Director                           | -   |
|               | <del></del>   |                                    |   |
|               |   |                                    | -   |
|               |   |                                    | -   |
| The benefit t | to Macomb County from attenda                                 | ance of the above-named individu   | al(s) at this conference/seminar is detailed below:   |
| are addresse  |   |                                    | itical and cutting-edge issues facing the profession<br>or active / retirees as well as prescription drug |
|               |   |                                    |   |

Respectfully submitted,

John P. Anderson, Director

Risk Mgmt Department

44 X

OFR

### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

| Requesting Department:   | Macomb (                | County Sh                                      | eriff's Depar           | tment           | _   |                |                           |  |  |
|--|-------------------------|--|-------------------------|-----------------|---|----------------|---------------------------|--|--|
| Conference Title:  | TEOAF / I               | TEOAF / IRS-CI Seminar on Pilot SAR / Title 31 |                         |                 |   |                |                           |  |  |
| Sponsored by:  | I.R.S.                  | .R.S.  |                         |                 |   |                | APR 0 4 2008              |  |  |
| Conference Classification:   | Profe                   | ssional  | Employee                | e Training      | _x  | MACOMB COUNTY  |                           |  |  |
| Conference Location:   | Denver, C               | Denver, Co.                                    |                         |                 | _   |                | MACOIMS COOM I<br>FINANCE |  |  |
| Travel Begins:   | April<br>Month          | 20<br>Day                                      | 2008<br>Year            |                 | Travel Ends:  | April<br>Month | 25<br>Day                 | 2008<br>Year   |  |
| Number of Persons Attending  | At County Ex            | pense:   | Board Men<br>Staff Memb |                 | 1   |                |                           |  |  |
| 正是在14世界。   | orresoneure, university | ll <b>M</b> edition of parts                   | Total                   | lines demonstra | 1   | , julianing    |                           | and the state of t |  |
| ESTIMATED EXPENSES   |                         |  |                         |                 |   | Per Person     |                           | Total  |  |
| Registration Fees:   |                         | <u>.</u><br>]                                  | х                       |                 |   | \$ -<br>372.00 |                           | \$ -<br>372.00   |  |
| Northwest - Approx   | County<br>Vehicle       |  | Airplane                |                 | Personal<br>Vehicle   |                |                           |  |  |
| Mileage<br>Lodging:  | Begins:                 | April<br>Month                                 | 20<br>Day               | 2008<br>Year    | <del>-</del> · .  |                |                           |  |  |
|  | Ends:                   | April<br>Month                                 | 25<br>Day               | 2008<br>Year    | _   | 161.00         |                           | 805.00   |  |
| Meals:(2)4/20 \$24.50, 4/21  | \$31, 4/22 \$31         | , 4/23 \$31                                    | , 4/24 \$31, 4          | /25 \$14        |   | 162.50         |                           | \$162.50   |  |
| Miscellaneous: Parking, Shu  | ıttle Fees              |  |                         |                 |   | 100.00         |                           | 100.00   |  |
| Subtotal - Confer  | ence Expense            | es   |                         |                 |   | 795.50_        |                           | 1,439.50   |  |
| Per Diems:(3)  |                         |  |                         |                 |   |                |                           | -  |  |
| Overtime:(4)   |                         |  |                         |                 |   |                |                           | <u>-</u>   |  |
| Total Estimated E  | Expenses:               |  |                         |                 |   | . 795.50       |                           | 1,439.50   |  |
| Department Head Signature  | Undershei               | iff K. Lage                                    | erquist\                |                 | Date  | 4-4-00         | 8                         | 80A)   |  |
| 1 Not to exceed cos<br>3 Not to exceed one<br>conference   |                         |  |                         |                 | <ul><li>Not to exceed author</li><li>Calculate cost of ar of this request</li></ul> |                |                           | a result   |  |
| and the state of t | en esta en la compa     | (For   | Finance De              | partment        | Use Only) COST  | REIMBUR        | SED !                     | BX IRS   |  |
| Department Budget Less: Conference Expe Other Departmen  |                         |  | Budgeta                 | ry Analysi      | s   | _<br><br>_     |                           |  |  |
| This Request Balance Available (Deficit)   |                         |  |                         |                 | ·   |                |                           |  |  |

| 、To:       | Betty Slinde  |                |  |
|------------|---|----------------|--|
|            | Finance Committee   | _              |  |
|            |   |                |  |
| From:      | Mark A. Hackel  | _              |  |
|            | Sheriff   | _              |  |
| Date:      | April 4, 2008   | _              |  |
| Subject:   | Conference and Seminar Re   | quest          |  |
|            | request that the following individuelseminar, starting on April 21, |                | TEOAF / IRS-CI Seminar on Pilot SAR/Title 31   |
|            | Name  | Classification |  |
| Michael Sh |   | Deputy         | <del></del>  |
| WICHACI OF | ioney   | Бораку         | <del>-</del>   |
|            |   |                | _  |
|            | <u> </u>  |                | _  |
|            |   |                | _  |
|            | <del></del>   |                | _  |
|            |   |                |  |
|            |   |                | cers that participate in these selected pilot task forces.<br>lead to invidivuals who deposit large sums of money. |
| These fund | ds will be reimbursed back to us                                    | by the IRS     |  |
|            |   | •              |  |
| SET FORF   | EITURE FUND - 229-30536-86  | 202            |  |
|            |   |                |  |
|            |   |                |  |
| Respectful | ly submitted,   |                |  |
|            |   |                |  |
| ۱)<        | XM-   |                |  |
|            | iff K. Lagerquist   |                |  |
| Sheriff's  | Department  |                |  |

| (Submit dir                   | rectly to the Finance                              | e Departmei  | nt at leas                              | st 2 weeks p                          | rior to the                                 | date of the next Fi  | nance Committe | e meetir                               | ng)          |
|-------------------------------|--|--|---|---------------------------------------|---|--|----------------|--|--------------|
| Requesting                    | Department:  | Macomb County Sheriff's Department                     |   |                                       |   |  |                |  |              |
| Conference                    | Title:   | 45th Annual Midwest Motor Vehicle Theft Conf.          |   |                                       |   |  |                |  |              |
| Sponsored                     | by:  | 45th Annual NCRC Conference                            |   |                                       |   |  |                |  |              |
| Conference                    | Classification:                                    | Profes   | sional                                  | Employee                              | Training                                    | _x   |                |  |              |
| Conference                    | Location:  | East St. Lo  | uis, Mo.                                |                                       |   | _  |                |  |              |
| Travel Begi                   | ns:  | May<br>Month   | 5<br>Day                                | 2008<br>Year                          |   | Travel Ends:   | May<br>Month   | 8<br>Day                               | 2008<br>Year |
| Number of I                   | Persons Attending At                               | County Exp   | ense:                                   | Board Mem<br>Staff Memb               |   | 5  |                |  |              |
| hegyaldákéhannanálalátásánana |  |  | O DESCRIPTION OF THE PARTY OF           | Total                                 | 2.000                                       | 5_+3(/   | not Sheriff)   | Q#40cs vansans                         |              |
|                               | DEXPENSES  | annight (1964) becoming the common confiners, describe | 1.X. 0.18X 0.20 (5 conflict)            | ##################################### | -17-101-00-00-00-00-00-00-00-00-00-00-00-00 | NATIONAL POLICE CONTRACTOR (NO. Secure Civil) and directly for the | Per Person     | ###################################### | Total        |
| Registration                  | Fees:  |  |   |                                       |   |  | \$ 130.00      |  | \$1,040.00   |
| Transportati                  | ion:(1)  | County<br>Vehicle                                      |   | x<br>Airplane                         |   | Personal<br>Vehicle  | 184.00         |  | 1,472.00     |
| Lodging:                      |  | Begins: _  | May<br>Month                            | 5<br>Day                              | 2008<br>Year                                |  |                |  |              |
|                               |  | Ends: _  | May<br>Month                            | 8<br>Day                              | 2008<br>Year                                | (X 3 NIGHTS<br>X 5 ROOMS)  | <u>79.10</u>   |  | 1,186.50     |
| Meals:(2)                     |  |  |   |                                       |   | •••••  | 31.00          |  | \$992.00     |
| Miscellaneo                   | us:  |  |   |                                       |   |  |                |  |              |
|                               | Subtotal - Conferen                                | ce Expenses  | s                                       |                                       |   |  | 424.10         |  | 4,690.50     |
| Per Diems:(                   | 3)   | ********   | • | ••••••                                |   |  | •••            |  |              |
| Overtime:(4)                  | )  |  |   |                                       | •     | •••••  | •              |  | <del>-</del> |
|                               | Total Estimated Exp                                | enses:   |   |                                       | **********                                  |  | 424.10         |  | 4,690.50     |
| Department                    | Head Signature                                     | Undersheri   | ff K. Lage                              | erquist V                             | 2/  | Date   | _ 4-1-         | <u>o(</u>                              | SIR          |
|                               | Not to exceed cost of Not to exceed one conference |  |   | v                                     |   | Not to exceed author Calculate cost of an of this request          |                |  | a result     |
|                               | olohad. Ya se sellumba sebuah say                  | tin editive diletera                                   | (For                                    | Finance Dep                           |   | se Only)   | MATSFOR        | EL-PIURE                               | FUND         |
| Department                    | Budget   |  |   | Budgetar                              | y Analysis                                  |  |                | 30                                     | 000.         |
| Less:                         | Conference Expens                                  |  |   |                                       |   | <u> 1,839.</u>   | _              |  | <del></del>  |
|                               | Other Department F This Request                    | requests in F  | rocess                                  |                                       |   | 4691.  | <del></del>    | 65                                     | <i>-30.</i>  |
| Balance Ava                   | nilable (Deficit)                                  |  |   |                                       |   | 7  |                | 23,4                                   | 70,          |

| To:                         | Betty Slinde   | <b></b>   |   |
|-----------------------------|--|---|---|
|                             | Finance Committee  | -   |   |
| From:                       | Mark A. Hackel   | -   |   |
|                             | Sheriff  | _   |   |
| Date:                       | March 28, 2008   | -   |   |
| Subject:                    | Conference and Seminar Req   | uest  |   |
|                             | equest that the following individues that the following individues that the following individues that the following individues the following individual the following individues the following indiv |   | 45th Annual Midwest Motor Vehicle Theft Conf.             |
|                             | Name   | Classification  |   |
| John Micha                  |  | Lieutenant  | <del>-</del>  |
| Edward Mas                  |  | Sergeant  |   |
| Ted Dumas                   |  | Deputy  | •   |
| Gerald Han                  |  | Deputy  |   |
| Kimberly Da                 |  | Clerical  | -   |
|                             |  |   | -<br>-  |
| There are 3                 | others going that are from othe  | r departments.  | -   |
| This training vehicles, fra | g will cover break-out sessions of aud, vehicle identification, updat  | on vehicle cloning, importing and ed technology in auto theft investi | exporting of vehicles, immobilizer systems, bait gations. |
| FUNDS: M                    | ATS FORFEITURE FUNDS   |   |   |
|                             |  |   |   |

Respectfully submitted,

Undersheriff K. Lagerquist Sheriff's Department

JAS-31-08

### Macomb County, Michigan Conference/Employee Training Request

#### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: Macomb County Sheriff's Office 2008 Annual Arson School Conference Title: Sponsored by: IAAI - Michigan Chapter Conference Classification: Professional Employee Training X MACORE COUNTY Conference Location: Bay City, Mi. Travel Begins: 19 2008 Travel Ends: May Month Month Year Number of Persons Attending At County Expense: **Board Members** Staff Members Total **ESTIMATED EXPENSES** Per Person Total \$175.00 \$700.00 Transportation:(1) County Airplane Personal Vehicle Vehicle Lodging: 2008 Begins: May Month Day Year Ends: 2008 370.96 May 741.92 Month Year Meals:(2) ...5/19, \$17...5/20 \$23.50, 5/21 \$23.50, 5/22 \$23.50..... 87.50 350.00 Miscellaneous: ...Fuel..... 100.00 100.00 Subtotal - Conference Expenses..... 733.46 1.891.92 Per Diems:(3).... Overtime:(4)..... Total Estimated Expenses:.... \$1,891.92 Department Head Signature Undersheriff, K. Lagerquist 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 3 Not to exceed one day travel plus duration of the 4 Calculate cost of any overtime anticipated as a result 2293055/195901 - State Funds conference of this request (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process This Request Balance Available (Deficit)

| To:                         | Betty Slinde  | <u> </u>                           |   |
|-----------------------------|---|------------------------------------|---|
|                             | Finance Committee   |                                    |   |
|                             |   | _                                  |   |
| From:                       | Mark A. Hackel  | _                                  |   |
|                             | Sheriff   |                                    |   |
|                             |   | _                                  |   |
| Date:                       | January 28, 2008  | _                                  |   |
|                             |   |                                    |   |
| Subject:                    | Conference and Seminar Req  | uest                               |   |
|                             |   |                                    |   |
| I herewith re<br>conference | equest that the following individe<br>/seminar, starting on May 20, 2 | ual(s) be authorized to attend the | 2008 Annual Arson School                            |
|                             |   |                                    |   |
| Mark Oerma                  | Nameann   | Classification Lieutenant          | -   |
| Anthony Sto                 | one   | Deputy                             |   |
| David Willis                |   | Sergeant                           |   |
| Jeff Gentne                 | r   | Deputy                             |   |
|                             |   |                                    |   |
|                             |   | <del></del>                        | -   |
|                             | <del>, -, -, -</del>  |                                    |   |
|                             |   |                                    |   |
|                             | ······  |                                    | •   |
| The benefit                 | to macomb County from attend  | ance of the above-named individu   | al(s) at this conference/seminar is detailed below: |
| This semina                 | ar will provide updated laws and                                      | current trends in investigations.  | opics covered will include ATF Investigation        |
|                             |   |                                    | tions, and numerous related topics.                 |
|                             |   |                                    |   |
|                             |   |                                    |   |
|                             |   |                                    |   |
| MCOLES - 2                  | 229-30551-95901   |                                    |   |
|                             |   |                                    |   |
|                             |   |                                    |   |
| Respectfully                | , authorittad   |                                    |   |
| Respections                 | r submitted,  |                                    |   |
|                             |   |                                    |   |
|                             | 1 N   |                                    |   |
|                             | 1 X XV  |                                    |   |
|                             | f, K. Lagerquist  |                                    |   |
| Sheriff's                   | Department  |                                    |   |

4-2-08

oxel

### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

| ,  | •  |            |                       |                          |   |  |                  |                        |
|--|--|------------|-----------------------|--------------------------|---|--|------------------|------------------------|
| Requesting Department:   | Macomb 0                                     | County Sh  | eriff's Depa          | artment                  | _   | Ento From Version                        | Tricana tri Mili |                        |
| Conference Title:  | <u>.                                    </u> |            | No Haman              | مخمنستها متدريطة         |   |  |                  |                        |
| Sponsored by: Michigan Arson Prevention Committee  |  |            |                       |                          |   | APR                                      | 0 4 20           | 108                    |
| Conference Classification:   | Profes                                       | ssional    | Employ                | ee Training              | _x  |  | MB COU           | VIV.                   |
| Conference Location: Caledonia, Mi.  |  |            |                       |                          | <del></del>   | F  | MANCE            |                        |
| Travel Begins:   | June<br>Month                                | 1<br>Day   | 2008<br>Year          | _                        | Travel Ends:  | June<br>Month                            | 5<br>Day         | 2008<br>Year           |
| Number of Persons Attending A  | At County Exp                                | pense:     | Board Me<br>Staff Mer |                          | 1   |  |                  |                        |
|  | A linear                                     |            | Total                 |                          | 1<br>   |  | ligarana kana    |                        |
| ESTIMATED EXPENSES  Registration Fees:   |  |            |                       |                          |   | Per Person<br>\$ 425.00                  |                  | Total \$ 425.00        |
| Registration Includes Meals<br>Transportation:(1)  | x<br>County<br>Vehicle                       |            | Airplane              |                          | Personal<br>Vehicle   |  |                  |                        |
| Lodging:   | Begins:                                      | 6<br>Month | /<br>Day              | 08<br>Year               | _   |  |                  |                        |
|  | Ends:  | 6<br>Month | <b>√</b><br>Day       | 08<br>Year               | _   |  |                  |                        |
| Meals:(2)  |  |            |                       |                          |   |  |                  |                        |
| Miscellaneous:Fuel   |  |            |                       |                          |   | 50.00                                    |                  | 50.00                  |
| Subtotal - Confere   | nce Expense                                  | s          |                       |                          |   | 475.00                                   |                  | 475.00                 |
| Per Diems:(3)  |  |            |                       |                          |   | •••                                      |                  |                        |
| Overtime:(4)   |  |            |                       |                          |   |  |                  |                        |
| Total Estimated E  | xpenses:                                     |            |                       |                          |   | . 475.00                                 |                  | 475.00                 |
| Department Head Signature  | Undersher                                    |            |                       | -                        | Date  | 4-30                                     |                  | - MA                   |
| 1 Not to exceed cos<br>3 Not to exceed one<br>conference   |  |            |                       |                          | 2 Not to exceed autho<br>4 Calculate cost of ar<br>of this request スス | ny overtime antic                        | ipated as        | a result<br>State Fund |
| NOT 1 F TO 2 THE CEST AND ADDRESS OF A STATE SHOWING THE SHOWING THE STATE SHOWING THE SHOWING THE STATE SHOWING THE SHOWING THE STATE SHOWING THE SHOWING THE STATE SHOWING T |  | (Fo        |                       | epartment<br>tary Analys |   | · 中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国中国 |                  |                        |
| Department Budget Less: Conference Exper   |  |            | J                     | · •                      | 11,445.   | ·  | 10.              | 2,907.                 |
| Other Department<br>This Request   | Requests in                                  | Process    |                       |                          | 475,  | <br>                                     | _//,             | 920.                   |
| Balance Available (Deficit)  |  |            |                       |                          |   | =  | 90,              | 987,                   |

| To:                       | Betty Slinde  | _                                   |  |
|---------------------------|---|-------------------------------------|--|
|                           | Finance Committee   | _                                   |  |
| From:                     | Mark A. Hackel Sheriff  | <b>-</b><br>-                       |  |
| Date:                     | March 25, 2008  | -                                   |  |
| Subject:                  | Conference and Seminar Requ   | uest                                |  |
|                           | equest that the following individured in the following individured in the following in the |                                     | Modular Home & Appliance Failure Fire Investigation  |
|                           | Name  | Classification                      |  |
| Anthony Sto               | one   | Deputy                              | •  |
|                           |   |                                     | -  |
|                           |   |                                     | -  |
|                           | _   |                                     | -  |
|                           |   |                                     | •  |
| The benefit               | to macomb County from attenda   | ance of the above-named individu    | al(s) at this conference/seminar is detailed below:  |
| fires. This tr            |   | nstruction, fire dynamics, origin a | sonnel who investigate modular and mobile home<br>nd cause investigation, legal aspects, NFPA 921, |
| MCOLES - 2                | 229-30551-95901   |                                     |  |
| D                         | a a de anista a d   |                                     |  |
| Respectfully              | r subiffilled,  |                                     |  |
| Undersheriff<br>Sheriff's | K. Lagerquist<br>Department   |                                     |  |

| (Submit di          | rectly to the Finance  | e Departmei  | nt at leas              | st 2 weeks pi                           | rior to the  | date of the n                           | ext Fina                                | nce Committe   | e meetir  | ng)   |
|---------------------|--|--|-------------------------|---|--------------|---|---|--|-----------|---|
| Requesting          | Requesting Department: Macomb County Sheriff's Department  |  |                         |   |              |   |   |  |           |   |
| Conference          | e Title:   | Title: 2008 Great Lakes Homland Security Conf  |                         |   |              |   |   |  |           |   |
| Sponsored           | by:  | oy: Michigan State Police  |                         |   |              |   |   |  |           |   |
| Conference          | e Classification:  | Profes   | sional                  | Employee                                | Training     | _x                                      |   |  |           |   |
| Conference          | Location:  | Grand Rap  | ids, Mi                 |   |              | _                                       |   |  |           |   |
| Travel Begi         | ins:   | April<br>Month   | 21<br>Day               | 2008<br>Year                            |              | Travel Ends:                            |   | April<br>Month   | 24<br>Day | 2008<br>Year  |
| Number of           | Persons Attending At   | County Exp   | ense:                   | Board Mem<br>Staff Memb                 |              | 3                                       |   |  |           |   |
| Kara Asam Maka Mana |  | tion of the c  | 15. 15. 8.5             | Total                                   |              | 3_                                      | 0.02                                    | State of the state |           | T Chimings shellshookshinkhooks (Jahry 145 c oo prosses |
|                     | D EXPENSES   |  |                         | <b></b>                                 |              | e vange en                              | ***                                     | Per Person   | •         | Total   |
| Registration        | n Fees:  |  |                         |   |              |   |   | \$ 350.00  |           | \$1,050.00  |
| Transportat         | iion:(1)   | County<br>Vehicle  |                         | Airplane                                |              | Personal<br>Vehicle                     |   |  |           |   |
| Mileage<br>Lodging: |  | Begins: _  | April<br>Month          | 21<br>Day                               | 2008<br>Year | venicie<br>-                            |   |  |           |   |
| •                   |  | Ends: _  | April<br>Month          | 24<br>Day                               | 2008<br>Year | -                                       |   | 278.64   | •         | 835.92  |
| Meals:(2)           | 4 <del>/21 \$93, 4/22 \$93, 4</del>  | <del>l/23 \$93, 4/2</del>  | <del>4 \$93</del>       | • |              | *************************************** |   | 31.<br>∙ <del>03.00-</del>   |           | 93.<br>\$ <del>372.00</del>                             |
| Miscellaneo         | ous: Parking, Fuel (   | Cost (\$50.00)   | )                       |   |              |   | • | 93.00  |           | 179.00  |
|                     | Subtotal - Conferen  | ce Expenses  | 3                       |   |              |   | ·········                               | · <del>814.64</del>  | •         | 2,436.92  |
| Per Diems:(         | (3)  |  |                         |   |              |   |   |  | ·         | -   |
| Overtime:(4         | )  |  |                         | • |              |   | ········ <u> </u>                       |  |           |   |
|                     | Total Estimated Exp  | enses:   |                         |   |              |   |   | 752.64<br><u>814.64</u>  |           | 2157.92<br><del>2,436.92</del>                          |
| Department          | Head Signature   | May  | Afri                    | Nacr                                    |              |   | Date                                    | 4-10-  | 08        | TIM   |
|                     | Not to exceed cost of Not to exceed one of conference  |  | s air fare<br>s duratio | •                                       | 4            | Calculate cos of this reques            | t of any                                | ze per day rate<br>overtime antici<br>0380/4/9   |           | a result<br><i>UAST Gra</i>                             |
|                     | THE RESIDENCE OF THE PARTY OF T | man and a state of the state of |                         | Finance Dep                             |              | lse Only)                               | econd i Us                              | 11. [13.347.68]  |           | enr : 1   |
| Department<br>Less: | Conference Expens  |  |                         | aagaa.                                  | ya.y o.o     | 358                                     | 7.                                      | _  | 83        | 556   |
|                     | Other Department R This Request  | Requests in P  | rocess                  |   |              | 215                                     | 8,                                      |  | 3,79      | T,  |
| Balance Ava         | ailable (Deficit)  |  |                         |   |              |   |   |  | 4,8,      | //.   |

| To:          | Betty Slinde   | -                              |   |
|--------------|--|--------------------------------|---|
| •            | Finance Committee  | _                              |   |
| From:        | Mark A. Hackel   |                                |   |
|              | Sheriff  | -                              |   |
| Date:        | April 10, 2008   |                                |   |
| Subject:     | Conference and Seminar Requ  | uest                           |   |
|              | equest that the following individu<br>seminar, starting on April 21, 2 |                                | 008 Great Lakes Homeland Security Conf  |
|              | Name   | Classification                 |   |
| John Robert  | ts   | Captain                        |   |
| Carolyn Mar  | shall  | Lieutenant                     |   |
| Matthew Mu   | ırphy  | Sergeant                       |   |
|              |  |                                |   |
| <u></u>      | <del></del>  |                                |   |
|              |  |                                |   |
|              | Security Div. This conference ass                                      |                                | nt sponsored by MSP Emergeny Management ancing our knowledge in many areas of emergency |
| All conferen | ce fees except Fuel costs are re                                       | imbursable thru the UASI Grant |   |

GEN-FUND - 104 C.O. FUND - 229-30501-95901 (Fuel Costs)

Respectfully submitted,

UASI - 350-38014

Undersheriff K. Lagerquist Sheriff's Department



| То:   | John Foster, Assistant Director of Finance |  |
|-------|--|--|
| From: | Lt. Carolyn Marshall                       |  |
| Date: | March 20, 2008                             |  |
| Re:   | Great Lakes Violent Crime Seminar          |  |
|       |  |  |

The Great Lakes Violent Crime Seminar training is required training by the Macomb County Sheriff's Office.

This training provides further knowledge pertaining to violent crimes which includes sexual assaults and serial homicides.

If there are any questions please contact me at 307-9316.



| REGISTRATION FEES: | Cost: \$ | 50.00  | Fund: | MCOLES - 229-30551-95901 |
|--------------------|----------|--------|-------|--------------------------|
| TRANSPORTATIO      | N:       |        |       |                          |
| Туре:              | Cost \$  | n/a    | Fund: |                          |
| LODGING:           | Cost \$  | 271.20 |       | GEN FUND                 |
| MEALS:             | Cost \$  | 99.50  | Fund: | GEN FUND                 |
| Miscellaneous Exp  | enses:   |        |       |                          |
| Type:              | Cost \$  | n/a    | Fur   | nd:                      |
| Туре:              | Cost \$  | n/a    | Fund: |                          |

#### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: Macomb County Sheriff's Department Conference Title: Great Lakes Violent Crime Seminar MAR 2 5 2008 Sponsored by: FBINAA Michigan Chapter MACOMB COUNTY Conference Classification: Professional Employee Training x FINANCE Conference Location: Ann Arbor, Mi. Travel Begins: Travel Ends: May 2008 Month Month Day Year Number of Persons Attending At County Expense: **Board Members** Staff Members Total **ESTIMATED EXPENSES** Per Person Total Registration Fees:.... 50.00 50.00 Transportation:(1) County Airplane Personal Vehicle Vehicle Lodging: Begins: 2008 May Month Year Ends: 2008 May 271.20 271.20 Month Day Meals:(2)...5/6 \$31, 5/7 \$31, 5/8 \$31, 5/9 \$6.50..... 99.50 99.50 Miscellaneous: Subtotal - Conference Expenses.... 420.70 Per Diems:(3).... Overtime:(4).... Total Estimated Expenses:.... 420.70 Department Head Signature 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 3 Not to exceed one day travel plus duration of the 4 Calculate cost of any overtime anticipated as a resu conference of this request Teta Hau (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process This Request Balance Available (Deficit)

| To:           | Betty Slinde  |                                    |  |
|---------------|---|------------------------------------|--|
|               | Finance Committee   |                                    |  |
| From:         | Mark A. Hackel  |                                    |  |
|               | Sheriff   |                                    |  |
| Date:         | March 20, 2008  |                                    |  |
| Subject:      | Conference and Seminar Requ   | uest                               |  |
|               | equest that the following individu<br>/seminar, starting on May 6, 20 | al(s) be authorized to attend the  | Great Lakes Violent Crime                            |
|               | Name  | Classification                     | _  |
| Elizabeth D   | )arga   | Lieutenant                         |  |
|               |   |                                    | <del>-</del>   |
|               |   |                                    | _  |
|               |   |                                    | <del></del>  |
|               | <u>.                                    </u>                          |                                    | _  |
| The benefit   | to macomb County from attenda   | ance of the above-named individu   | ual(s) at this conference/seminar is detailed below: |
| This training | g provides further knowledge per                                      | taining to violent crimes which in | icludes sexual assaults and serial homicides.        |
|               |   |                                    |  |
|               |   |                                    |  |
| REGISTRA      | TION - MCOLES 229-30551-959   | 001 , GEN FUND HOTEL & MEAI        | LS   |
|               |   |                                    |  |
| Respectfull   | y submitted,  |                                    |  |
|               |   |                                    |  |

Undersheriff K. Lagerquist Sheriff's Department

f03-27-08

200



| To:   | John Foster, Assistant Director of Finance |
|-------|--|
| From: | Lt. Carolyn Marshall                       |
| Date: | March 27, 2008                             |
| Re:   | U.A.S.I. Dive Equipment Training           |
|       |  |

The U.A.S.I. Dive Equipment Training is required training by the Macomb County Sheriff's Office.

The purpose of this training is to become familiar and proficient with the new equipment the dive team received. The team will be instructed on the proper use and safety issues involving this equipment. Training will involve underwater and on land operations.

The U.A.S.I. Grant has paid for all equipment and instructor fees.

If there are any questions please contact me at 307-9316.

RECEIVED

MAR 3 1 2008

MACOMB COUNTY FINANCE

|                  | S: Cost: \$ <u>480.00</u><br>0.00 x 12 x 4 days | Fund: GEN FUND |             |  |  |  |  |  |
|------------------|---|----------------|-------------|--|--|--|--|--|
| TRANSPORTA       | TRANSPORTATION:                                 |                |             |  |  |  |  |  |
| Type:            | Cost \$ n/a                                     | Fund:          |             |  |  |  |  |  |
| LODGING:         | Cost \$ _1,080                                  | GEN FUND       |             |  |  |  |  |  |
| MEALS:           | Cost \$ 1,488.00                                | Fund: GEN FUND | <del></del> |  |  |  |  |  |
| Miscellaneous E  | expenses:                                       |                |             |  |  |  |  |  |
| Type: Fuel       | Cost \$ \$480.00                                | Fund: GEN FUND |             |  |  |  |  |  |
| Type: Tank Fills | Cost \$ \$360.00                                | Fund: GEN FUND |             |  |  |  |  |  |

### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting)

| Requesting   | Department:   | Macomb (               | County Sh                  | eriff's Depar             | tment        | _  |              | D Sauce & B           | A Company          |
|--|---|------------------------|----------------------------|---------------------------|--------------|--|--------------|-----------------------|--------------------|
| Conference Title: U.A.S.I. Dive Equipment Training |   |                        |                            |                           |              |  | /ED          |                       |                    |
| Sponsored  | bv:   | Macomb (               | County Sh                  | eriff's Office            |              | _  | MAR 3 1 2008 |                       |                    |
| ·  | Classification:                                       |                        | ssional                    |                           | e Training   | _x   | MACC         | MB COU                |                    |
| Conference   | Location:   | Portage Q              | uarry Bow                  | ling Green,               | Ohio         | <u>_</u>   | •            | HAVIACE               |                    |
| Travel Begi  | ns:   | May<br>Month           | 19<br>Day                  | 2008<br>Year              |              | Travel Ends:   | May<br>Month | 22<br>Day             | 2008<br>Year       |
| Number of I  | Persons Attending At                                  | County Exp             | oense:                     | Board Men<br>Staff Memb   |              | 12   |              |                       |                    |
|  |   |                        |                            | Total                     |              | 12_  |              |                       |                    |
| ESTIMATE   | D EXPENSES  | kan kan dikeban di di  |                            | i (He <b>ŭ</b>            | Siava        |  |              | (S (EN NUMBER COLL) S |                    |
|  | r Fees:s<br>\$ \$10.00 x 12 x 4 day                   |                        |                            | •••••                     |              |  | Per Person   |                       | Total<br>\$ 480.00 |
| Transportati                                       |   | Х                      |                            | Aimplana                  |              | X  |              |                       | 480.00             |
|  |   | County<br>Vehicle      |                            | Airplane                  |              | Personal<br>Vehicle  |              |                       |                    |
| 250 mi @.4<br>Lodging:                             | 8 x 3 vehicles  | Fuel for co<br>Begins: | unty vehic<br>May<br>Month | cle \$120.00<br>19<br>Day | 2008<br>Year | _  |              |                       |                    |
|  |   | Ends:                  | May                        | 23                        | 2008         | _  |              |                       | 1,080.00           |
|  | night 6 rooms x 3<br>\$31 per day x 12 \$37           | 2.00 5/19, 5           | Month<br>5/20, 5/21        | Day<br>, 5/22             | Year         |  | ·            |                       | \$1,488.00         |
| Miscellaneo  | us:Air Fills \$6.00 x                                 | 5 \$30.00 x            | 12                         |                           |              | •••••  | · ·          |                       | 360.00             |
|  | Subtotal - Conferen                                   | ce Expense             | s                          |                           |              |  | 0.00         |                       | 3,888.00           |
| Per Diems:(  | 3)  |                        |                            |                           |              |  | *1           |                       | -                  |
| Overtime:(4)                                       | )   |                        |                            |                           |              |  |              |                       | _                  |
|  | Total Estimated Exp                                   |                        |                            |                           |              |  | 0.00         |                       | 3,888.00           |
|  |   |                        |                            | _                         |              |  |              |                       |                    |
| Department   | Head Signature  | <u> </u>               | 81                         | cus &                     |              | Date   | 3-27         | -01                   | - Mn-              |
|  | Not to exceed cost of Not to exceed one do conference |                        | ss air fare                | , " 0                     |              | Not to exceed autho<br>Calculate cost of an<br>of this request |              |                       | a result           |
| iz as (Lee Y                                       | i Postalija i Postalija i Postalija                   |                        | (For                       | Finance De                |              |  | esta 1/-     | GOA.                  | eral Fun           |
| Department   | Budget  |                        |                            | Budgeta                   | ry Analysi   | s Requ   | BIING        | CON                   | eras 1000          |
| Less:  | Conference Expense                                    | e Approved             | To Date                    |                           |              |  | _            |                       | <del></del>        |
|  | Other Department R                                    |                        |                            |                           |              |  | _            |                       |                    |
|  | This Request  |                        |                            |                           |              |  | -<br>        |                       |                    |
| Balance Ava  | ilable (Deficit)                                      |                        |                            |                           |              |  | =            |                       |                    |

| To:                    | Betty Slinde                       | _                                  |  |
|------------------------|------------------------------------|------------------------------------|--|
|                        | Finance Committee                  | _                                  |  |
|                        |                                    | _                                  |  |
| From:                  | Mark A. Hackel                     | _                                  |  |
|                        | Sheriff                            | _                                  |  |
|                        |                                    |                                    |  |
| Date:                  | March 25, 2008                     | <del>~</del>                       |  |
| Subject:               | Conference and Seminar Req         | uest                               |  |
| 545,554                |                                    | <u></u>                            |  |
| I herewith re          | equest that the following individ  | ual(s) be authorized to attend the | U.A.S.I. Dive Equipment Training                     |
| conference             | /seminar, starting on May 19, 2    | 2008                               |  |
|                        | Name                               | Classification                     |  |
| William Mangan         |                                    | Sergeant                           |  |
| Michael VandenBoom     |                                    | Deputy                             |  |
| Daniel Willis          |                                    | Sergeant                           | •  |
| Matthew Murphy         |                                    | Sergeant                           |  |
| Frank Bednard          |                                    | Deputy                             | •  |
| Mark Grami             | matico                             | Deputy                             |  |
| Patrick Maceroni       |                                    | Deputy                             |  |
| Gary Wiegand           |                                    | Deputy                             |  |
| Keith Devlaminck       |                                    | Deputy                             |  |
| Ryan Wohlfield         |                                    | Deputy                             |  |
| Jim Onyski, Jon Ramlow |                                    | Deputy                             |  |
| ,                      |                                    | • •                                |  |
| (m)                    |                                    |                                    |  |
| The purpose            | e of this training is to become ta | miliar and proficient with the new | equipment the dive team received. The team will be   |
| instructed o           | n the proper use and safety issi   | les involving this equipment. Trai | ning will involve underwater and on land operations. |
| The U.A.S.I            | . Grant has paid for all equipme   | nt and instructor fees.            |  |
|                        |                                    |                                    |  |
| GEN FUND               |                                    |                                    |  |
| B                      |                                    |                                    |  |

Respectfully submitted,

Undersheriff K. Lagerquist Sheriff's Department



| To:   | John Foster, Assistant Director of Finance       |  |  |
|-------|--|--|--|
| From: | Lt. Carolyn Marshall                             |  |  |
| Date: | March 21, 2008                                   |  |  |
| Re:   | Michigan Sheriff's Association Summer Conference |  |  |
|       |  |  |  |

The Michigan Sheriff's Association Summer Conference is required training by the Macomb County Sheriff's Office.

This conference is scheduled training and updates on legal concerns and pending legislative issues.

If there are any questions please contact me at 307-9316.

MAR 2 8 2008

MACOMB COUNTY

FINANCE

| REGISTRATION FEES:      | Cost: \$ | 275.00   | Fund: MCOLES - 229-30551-95901 |  |  |  |
|-------------------------|----------|----------|--------------------------------|--|--|--|
| TRANSPORTATIO           | N:       |          |                                |  |  |  |
| Type:                   | Cost \$  | n/a      | Fund:                          |  |  |  |
| LODGING:                | Cost \$  | 121.90   | GEN FUND                       |  |  |  |
| MEALS:                  | Cost \$  |          | Fund:                          |  |  |  |
| Miscellaneous Expenses: |          |          |                                |  |  |  |
| Type: Fuel              | Cost \$  | \$100.00 | Fund: GEN FUND                 |  |  |  |
| Type:                   | Cost \$  | n/a      | Fund:                          |  |  |  |

#### (Submit directly to the Finance Department at least 2 weeks prior to the date of the next Finance Committee meeting) Requesting Department: Macomb County Sheriff's Department Conference Title: M.S.A. Summer Conference Sponsored by: Michigan Sheriff's Association Conference Classification: Professional Employee Training Conference Location: Bellaire, Mi. Travel Begins: 2008 June Travel Ends: June 2008 Month Year Month Year Number of Persons Attending At County Expense: **Board Members** Staff Members Total **ESTIMATED EXPENSES** Per Person Total Registration Fees: 275.00 275.00 Transportation:(1) County Airplane Personal Vehicle Vehicle Lodging: Begins: June 2008 Month Day Year Ends: 2008 June 121.90 121.90 Month Day Year Meals:(2)..... Miscellaneous:...Fuel..... 100.00 100.00 Subtotal - Conference Expenses..... 496.90 496.90 Per Diems:(3).... Overtime:(4).... Total Estimated Expenses:..... 496.90 Department Head Signature Date Undersheriff K. Lagerquist 1 Not to exceed cost of tourist class air fare 2 Not to exceed authorize per day rate 4 Calculate cost of any overtime anticipated as a result of this request 6275.00 - State Trng Fu. 3 Not to exceed one day travel plus duration of the conference The state of the s (For Finance Department Use Only) **Budgetary Analysis** Department Budget Less: Conference Expense Approved To Date Other Department Requests in Process This Request Balance Available (Deficit)

| To:                        | Betty Slinde   |  |   |  |  |  |  |
|----------------------------|--|--|---|--|--|--|--|
|                            | Finance Committee  |  |   |  |  |  |  |
|                            | -  | -                                      |   |  |  |  |  |
| From:                      | Mark A. Hackel   | _                                      |   |  |  |  |  |
|                            | Sheriff  |  |   |  |  |  |  |
|                            |  | _                                      |   |  |  |  |  |
| Date:                      | March 11, 2008   | _                                      |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
| Subject:                   | Conference and Seminar Requ  | uest                                   |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
| I herewith r<br>conference | equest that the following individu<br>/seminar, starting on June 8, 20 | ual(s) be authorized to attend the 008 | Michigan Sheriff's Association Summer Conference    |  |  |  |  |
|                            |  | Classification                         |   |  |  |  |  |
|                            | Name   |  |   |  |  |  |  |
| Mark Hacke                 | el   | Sheriff                                |   |  |  |  |  |
|                            |  |  | <u>.</u>  |  |  |  |  |
|                            |  |  |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
|                            |  | <del></del>                            |   |  |  |  |  |
|                            | <del></del>  |  | •   |  |  |  |  |
| The benefit                | to macomb County from attenda  | ance of the above-named individu       | al(s) at this conference/seminar is detailed below: |  |  |  |  |
| This confer                | ence is scheduled training and u                                       | pdates on legal concerns and per       | nding legislative issues.                           |  |  |  |  |
|                            |  |  |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
| MCOLES -                   | 229 30551-95901 (REGISTRATI  | ON ) GEN FUND - HOTEL & FL             | JEL   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
| Respectfully               | y submitted,   |  |   |  |  |  |  |
|                            |  |  |   |  |  |  |  |
| . 4 0                      | Vα   |  |   |  |  |  |  |
| Undersherif                | K. Lagerquist  |  |   |  |  |  |  |
| Sheriff's                  | _ Department   |  |   |  |  |  |  |